


FILE NOW: FILING FEE IS \$61.25

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Jan 23 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719915 (1)

1. Corporation Name  
**PONCE DE LEON PARENT TEACHER ASSOCIATION, INCORPORATED**

Principal Place of Business <b>1301 PONCE DE LEON BLVD. CLEARWATER FL 34616</b>	Mailing Address <b>1301 PONCE DE LEON BLVD. CLEARWATER FL 34616</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 <b>33756</b>	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 <b>33756</b>
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3. Date Incorporated or Qualified <b>12/22/1970</b>
4. FEI Number <b>59-389149</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**NEWMAN, MARY  
601 E ROSERY RD, 4252  
LARGO FL 34640**

10. Name and Address of New Registered Agent  
81 Name **Kamille McElravy**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1636 Suffolk Dr.**  
83 **FL**  
84 City **Clearwater** 85 Zip Code **33756**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Kamille M. McElravy Kamille M. McElravy 1-11-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VDT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DANIELS, SUSAN</b>	
STREET ADDRESS	<b>2401 HAZELWOOD LANE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NEWMAN, MARY</b>	
STREET ADDRESS	<b>601 E ROSERY RD., APT. 4252</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROTH, LISA</b>	
STREET ADDRESS	<b>101 N. NIMBUS AVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34625</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>MD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Mary Newman</b>	
1.3 STREET ADDRESS	<b>601 E Rosery Rd Apt 4252</b>	
1.4 CITY-ST-ZIP	<b>Largo FL</b>	
2.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kamille McElravy</b>	
2.3 STREET ADDRESS	<b>1636 Suffolk Dr.</b>	
2.4 CITY-ST-ZIP	<b>Clearwater FL 33756</b>	
3.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Beth Warren</b>	
3.3 STREET ADDRESS	<b>1619 Cambridge Dr.</b>	
3.4 CITY-ST-ZIP	<b>Clearwater, FL 33756</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kamille M. McElravy Kamille M. McElravy 1-11-98 586-5314  
(813)

CR2E037 (10/97)