

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719915

FILED  
Jan 05, 2004  
Secretary of State

**Entity Name:** PONCE DE LEON PARENT TEACHER ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

1301 PONCE DE LEON BLVD.  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

1301 PONCE DE LEON BLVD.  
CLEARWATER, FL 33756 US

**New Mailing Address:**

**FEI Number:** 59-3189149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCELRAVY, KAMILLE  
1636 SUFFOLK DR  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

HICKS, LYNN M PRES.  
1669 SOUTH BETTY LANE  
CLEARWATER, FL 33756 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LYNN M. HICKS

01/05/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCELRAVY, KAMILLE  
Address: 1636 SUFFOLK DR  
City-St-Zip: CLEARWATER, FL 33756

Title: SD ( ) Delete  
Name: ADAMS, SUZANNE  
Address: 1535 S FREDRICA AVE  
City-St-Zip: CLEARWATER, FL 33756

Title: VD ( ) Delete  
Name: RIDGEWAY, CHRISTY  
Address: 1661 PRESCOTT AVE  
City-St-Zip: CLEARWATER, FL 33756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HICKS, LYNN M PD  
Address: 1669 SOUTH BETTY LANE  
City-St-Zip: CLEARWATER, FL 33756

Title: SD (X) Change ( ) Addition  
Name: KNOX, CARLY  
Address: 601 ROSERY ROAD  
City-St-Zip: LARGO, FL 33770

Title: VD (X) Change ( ) Addition  
Name: ELLEN, CRAIG  
Address: 1579 EUNICE LANE  
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN M. HICKS

PD

01/05/2004

Electronic Signature of Signing Officer or Director

Date