

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90198 022 \*\*\*\*70.00

**DOCUMENT # 719915**

1. Entity Name

PONCE DE LEON PARENT TEACHER ASSOCIATION,  
INCORPORATED



Principal Place of Business

1301 PONCE DE LEON BLVD.  
CLEARWATER FL 33756  
US

Mailing Address

1301 PONCE DE LEON BLVD.  
CLEARWATER FL 33756  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3189149

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Hanna, Sheila President  
Street Address (P.O. Box Number is Not Acceptable)  
1775 Suffolk Dr  
Clearwater  
City FL Zip Code 33756

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HICKS, LYNN M PD	
STREET ADDRESS	1669 SOUTH BETTY LANE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KNOX, CARLY	
STREET ADDRESS	601 ROSERY ROAD	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WESTOVER, KAREN	
STREET ADDRESS	1849 S. BETTY LANE	
CITY-ST-ZIP	CLEARWATER FL 33756	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hanna, Sheila	
STREET ADDRESS	1775 SUFFOLK DR	
CITY-ST-ZIP	Clearwater, FL 33756	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Nelson	
STREET ADDRESS	1851 Balboa Ln	
CITY-ST-ZIP	Clearwater, FL 33756	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robin Mills	
STREET ADDRESS	209 Regina Dr. S	
CITY-ST-ZIP	Largo, FL 33770	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Sheila Hanna*

4/12/06 (727) 254-9285