

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT
10042007 REIN:NP CRZE099 (1/07)

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

7. Name and Address of New Registered Agent

HANNA, SHELIA
1775 SUFFOLK DR
CLEARWATER, FL 33756

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Shelia Hanna

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/4/07

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
HANNA, SHELIA
1775 SUFFOLK DR
CLEARWATER, FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
000110467800
10/08/07--01010--017 **245.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
NELSON, LINDA
1851 BALBOA LANE
CLEARWATER, FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
MILLS, ROBIN
209 REGINA DR SOUTH
LARGO, FL 33770 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Shelia Hanna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/07 (127) 254-9285

Date

Daytime Phone #

@. Mitchell OCT 9 2007