

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719915

FILED
Feb 04, 2009
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 (X)**

Name and Address of Current Registered Agent:

HANNA, SHELIA
1775 SUFFOLK DR
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HANNA, SHELIA
Address: 1775 SUFFOLK DR
City-St-Zip: CLEARWATER, FL 33756

Title: S () Delete
Name: NELSON, LINDA
Address: 1851 BALBOA LANE
City-St-Zip: CLEARWATER, FL 33756

Title: V () Delete
Name: MILLS, ROBIN
Address: 209 REGINA DR SOUTH
City-St-Zip: LARGO, FL 33770

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: HANNA, SHELIA
Address: 1775 SUFFOLK DR
City-St-Zip: CLEARWATER, FL 33756

Title: P (X) Change () Addition
Name: NELSON, LINDA
Address: 1851 BALBOA LANE
City-St-Zip: CLEARWATER, FL 33756

Title: VP (X) Change () Addition
Name: ATKINSON, TAMMIE
Address: 1578 S. JEFFERSON AVE S
City-St-Zip: CLEARWATER, FL 33756

Title: S () Change (X) Addition
Name: MCDONALD, RUTH
Address: 1691 FORTUNE DR
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHEILA HANNA

TRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date