


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90098 040 ****61.25

| | | | | | |
|--|-----------------------------------|--|---|---|--|
| DOCUMENT # 721401 1. Entity Name PINELLAS COUNTY COUNCIL OF PARENT-TEACHER ASSOCIATIONS, INC. | | | |  | |
| Principal Place of Business 301 4TH ST. S.W. LARGO, FL 34640 US | | | Mailing Address 9778 106TH AVE NORTH LARGO, FL 33773 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 4. FEI Number 23-7102478 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CONAWAY, CAROL 9778 106TH AVE NORTH LARGO, FL 33773 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div> | | | | | |
| Filing Fee is \$81.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | T/D | <input checked="" type="checkbox"/> Delete | TITLE | T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DESANTIS, NICHOLAS | | NAME | Desantis Kathy | |
| STREET ADDRESS | 11814 108TH AVE NORTH | | STREET ADDRESS | 11814 108th Ave North | |
| CITY - ST - ZIP | SEMINOLE, FL 33778 | | CITY - ST - ZIP | Seminole, FL 33778 | |
| TITLE | P/D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CONAWAY, CAROL | | NAME | | |
| STREET ADDRESS | 9778 106 DAVE N | | STREET ADDRESS | | |
| CITY - ST - ZIP | LARGO, FL 33773 | | CITY - ST - ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITE, MARY | | NAME | Hilda Henley | |
| STREET ADDRESS | 1560 CHATEAU WOOD DRIVE | | STREET ADDRESS | 512 Virginia Lane | |
| CITY - ST - ZIP | CLEARWATER, FL 33764 | | CITY - ST - ZIP | Clearwater, FL 33764 | |
| TITLE | V/D | <input checked="" type="checkbox"/> Delete | TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OLIVER, LISA | | NAME | Charles Derexon | |
| STREET ADDRESS | 1115 61ST STREET SOUTH | | STREET ADDRESS | 10800 W 19th North #116 | |
| CITY - ST - ZIP | SAINT PETERSBURG, FL 33707 | | CITY - ST - ZIP | Pinellas Park, FL 33782 | |
| TITLE | V/D | <input checked="" type="checkbox"/> Delete | TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DESANTIS, KATHY | | NAME | Cathy Daabe | |
| STREET ADDRESS | 11814 108 AVE NORTH | | STREET ADDRESS | 113 98th Avenue North | |
| CITY - ST - ZIP | LARGO, FL 33778 | | CITY - ST - ZIP | St. Petersburg, FL 33712 | |
| TITLE | S/D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MORRIS, DEBBY | | NAME | | |
| STREET ADDRESS | 2689 59TH AVE SOUTH | | STREET ADDRESS | | |
| CITY - ST - ZIP | SAINT PETERSBURG, FL 33712 | | CITY - ST - ZIP | | |
| 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 <u>Carol M. Conway</u> Carol M. Conway <u>1/10/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |