

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90349 040 \*\*\*\*61.25

**DOCUMENT # 748849**  
 1. Entity Name  
 SEMINOLE MIDDLE SCHOOL PTA, INC.



Principal Place of Business  
 8701 131 STREET NORTH  
 SEMINOLE, FL 33776

Mailing Address  
 8701 131 STREET NORTH  
 SEMINOLE, FL 33776

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

60029135

04042006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 23-7409812

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LEBOEUF, JUDY  
 8701 131ST STREET N  
 SEMINOLE, FL 33776

7. Name and Address of New Registered Agent  
 Name: Carol Conway  
 Street Address (P.O. Box Number is Not Acceptable):  
 9778-106th Avenue North  
 City: Largo FL Zip Code: 33773

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: *Carol Conway* DATE: 4/11/06

(NOTE: Registered Agent signature required when reinstating)

Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	P CLEMENTS, JODIE 14351-84TH TERR N SEMINOLE, FL 33776 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD PAPANDREW, JACKIE 14422 BAY HILLS DR LARGO, FL 33774 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD DOWEN, TOM 12760 RIDGE RD LARGO, FL 33778 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3PD SAWA-SZOSTAK, DEBBIE 13885 MEARES DR LARGO, FL 33774 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALES, ELAINE 11700-85TH AVE N SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIOTT, DEBI 8212-131ST WAY N SEMINOLE, FL 33776 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKIE PAPANDREW 14422 Bay Hills Drive LARGO FL 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD MYRA BENZ 8235 127th Ave N SEMINOLE FL 33776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD Yvette Meyer 12971 Farmington Trail SEMINOLE FL 33776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GINA RACK 13331 92nd Ave. N SEMINOLE FL 33776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jackie Papandrew* DATE: 4-18-06 7275937193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #