SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $150 (IF POSTMARKED). AMOUNT DUE TO REINSTATE: $000.

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 10 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759996 **(2)**

1. Corporation Name
CHILDS PARK PTA, INCPORORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3836 - 21ST AVE. SOUTH ST. PETERSBURG FL 33711 US	21-9TH ST. S. SUITE 200 ST. PETERSBURG FL 33705

3. Date Incorporated or Qualified: 09/11/1981
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2132145 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FREEMAN, STEPHAN J
21 9TH ST. S.
SUITE 200
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President D	☒ Change ☐ Addition
NAME	MIRANDA, CYNDI	1.2 NAME	Linda Martin	
STREET ADDRESS	5899-12TH WAY N.	1.3 STREET ADDRESS	5851 42nd Avenue, North	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	1.4 CITY-ST-ZIP	St. Petersburg, Florida 33709	
TITLE	VD	2.1 TITLE	Vice PRESIDENT D	☒ Change ☐ Addition
NAME	GLAZENER, CHRISTINE	2.2 NAME	Cyndi Miranda	
STREET ADDRESS	4801 CAESAR WAY S.	2.3 STREET ADDRESS	5899 12th Way North	
CITY-ST-ZIP	ST.PETERSBURG FL 33712	2.4 CITY-ST-ZIP	St. Petersburg, Florida 33703	
TITLE	V	3.1 TITLE	Vice President D	☒ Change ☐ Addition
NAME	MC-MICHAEL, DOREEN	3.2 NAME	Brad Dykens	
STREET ADDRESS	1070 17TH AVE. N.	3.3 STREET ADDRESS	3176 62nd Street North	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, Florida 33710	
TITLE	SD	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	MC CLAIN, BRENDA	4.2 NAME	Mary Kae Woodworth	
STREET ADDRESS	3440 QUEEN ST. N.	4.3 STREET ADDRESS	7310 5th Avenue South	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, Florida 33707	
TITLE	TD	5.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	KING, CAROLYN	5.2 NAME	Jim Crenshaw	
STREET ADDRESS	1848-41ST ST. S.	5.3 STREET ADDRESS	1600 Country Club Road North	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg, Florida 33710	☒ Change ☐ Addition
TITLE		6.1 TITLE		
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E097 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James M. Quarles 6/29/95 (813) 345-5213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013480