

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 759996

(2) n/c 6/5/96

1. Corporation Name

~~CHILD'S PARK PTA, INCORPORATED~~
~~CHILDS~~ Pasadena Fundamental PTA, Inc.

900001882929
-07/03/96--01024--018
***86.25

Principal Place of Business

Mailing Address

~~8836 21ST AVE. SOUTH~~
~~ST. PETERSBURG FL 33711~~
US

~~219TH ST. S.~~
~~SUITE 200~~
~~ST. PETERSBURG FL 33705~~

DO NOT WRITE IN THIS SPACE

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

☐ \$8.75 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

☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FREEMAN, STEPHAN J~~
~~219TH ST. S.~~
~~SUITE 200~~
~~ST. PETERSBURG FL 33705~~
J Gerard Correa
275 96th Ave. No.
Unit 6
St. Petersburg, FL 33702-2523

81 Name

Cyndi Miranda

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

95-72nd Street N.

83

84 City

St. Petersburg

FL

85 Zip Code

33710

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 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 607.0505, Florida Statutes.

SIGNATURE *Cyndi Miranda* CYNDI MIRANDA

5/29/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|------------------------------------|
| TITLE | PD |
| NAME | MIRANDA, CYNDI |
| STREET ADDRESS | 5899-12TH WAY N. |
| CITY-ST-ZIP | ST. PETERSBURG FL 33703 |
| TITLE | VD |
| NAME | GLAZENER, CHRISTINE |
| STREET ADDRESS | 4801 CAESAR WAY S. |
| CITY-ST-ZIP | ST. PETERSBURG FL 33712 |
| TITLE | V |
| NAME | MC MICHAEL, DOREEN |
| STREET ADDRESS | 1070-17TH AVE. N. |
| CITY-ST-ZIP | ST. PETERSBURG FL |
| TITLE | SD |
| NAME | MC CLAIN, BRENDA |
| STREET ADDRESS | 3440 QUEEN ST. N. |
| CITY-ST-ZIP | ST. PETERSBURG FL |
| TITLE | TD |
| NAME | KING, CAROLYN |
| STREET ADDRESS | 1646-41ST ST. S. |
| CITY-ST-ZIP | ST. PETERSBURG FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | | |
|-------------------|-----------------------------------|--|
| 11 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | MIRANDA, CYNDI | <input checked="" type="checkbox"/> address |
| 13 STREET ADDRESS | 3326-38th ST. NORTH | |
| 14 CITY-ST-ZIP | ST. PETERSBURG, FL 33713 | |
| 21 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | Woodworth, Mary Kae | |
| 23 STREET ADDRESS | 7310-5 Ave. S. | |
| 24 CITY-ST-ZIP | St. Petersburg, FL 33707 | |
| 31 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | Harring, Jeanice | |
| 33 STREET ADDRESS | 8250-37 Ave. N. | |
| 34 CITY-ST-ZIP | St. Petersburg, FL 33710 | |
| 41 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | Pinnow, Charles Charla | |
| 43 STREET ADDRESS | 3311-39 St. N. | |
| 44 CITY-ST-ZIP | St. Petersburg, FL 33713 | |
| 51 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | Hendricks, Roger | |
| 53 STREET ADDRESS | 701 Sunset Dr. S. | |
| 54 CITY-ST-ZIP | St. Petersburg, FL 33707 | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

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)(k), 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 *Cyndi Miranda* CYNDI MIRANDA

5/29/96

(813) 893-2646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #