

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90099 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>Last year's Document # was 759996 (2) (1998)</i> 01C			
1. Corporation Name <i>Pasadena Fundamental PTA, Incorporated</i>			
Principal Place of Business <i>95-72nd Street North</i> <i>St. Petersburg, FL</i> <i>U.S. 33710</i>		Mailing Address <i>95-72nd Street North</i> <i>St. Petersburg, FL</i> <i>U.S. 33710</i>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <i>09/11/1981</i> 4. FEI Number <i>59-1861775</i> 5. Certificate of Status Desired ☐ \$8.75-Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <i>Miranda, Cyndi</i> <i>95-72nd Street North</i> <i>St. Petersburg, FL 33710</i>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 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 ☒ DELETE NAME <i>Adams, Roy</i> STREET ADDRESS <i>6949 - 13th Avenue North</i> CITY-ST-ZIP <i>St. Petersburg, FL 33710</i>	1.1 TITLE ☐ Change ☒ Addition 1.2 NAME <i>Lasky, Steve</i> 1.3 STREET ADDRESS <i>5343 - 7th Avenue North</i> 1.4 CITY-ST-ZIP <i>St. Petersburg, FL 33710</i>		
TITLE ☐ DELETE NAME <i>Miranda, Cyndi</i> STREET ADDRESS <i>3326 - 38th Street North</i> CITY-ST-ZIP <i>St. Petersburg, FL 33713</i>	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME <i>Miranda, Cyndi</i> 2.3 STREET ADDRESS <i>3326 - 38th Street North</i> 2.4 CITY-ST-ZIP <i>St. Petersburg, FL 33713</i>		
TITLE ☐ DELETE NAME <i>McCune, Missy</i> STREET ADDRESS <i>2390 - 67th Avenue South</i> CITY-ST-ZIP <i>St. Petersburg, FL 33712</i>	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME <i>McCune, Missy</i> 3.3 STREET ADDRESS <i>2390 - 67th Avenue South</i> 3.4 CITY-ST-ZIP <i>St. Petersburg, FL 33712</i>		
TITLE ☐ DELETE NAME <i>Pinnow, Charla</i> STREET ADDRESS <i>3311 - 39th Street North</i> CITY-ST-ZIP <i>St. Petersburg, FL 33713</i>	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME <i>Pinnow, Charla</i> 4.3 STREET ADDRESS <i>3311 - 39th Street North</i> 4.4 CITY-ST-ZIP <i>St. Petersburg, FL 33713</i>		
TITLE ☒ DELETE NAME <i>Dipple, Sandy</i> STREET ADDRESS <i>2707 - 59th Avenue North</i> CITY-ST-ZIP <i>St. Petersburg, FL 33714</i>	5.1 TITLE ☐ Change ☒ Addition 5.2 NAME <i>Ketterer, Angela</i> 5.3 STREET ADDRESS <i>2378 - 37th Street North</i> 5.4 CITY-ST-ZIP <i>St. Petersburg, FL 33713</i>		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *PFSPTA by Angela Ketterer*
 PFSPTA by Angela Ketterer

2-6-99 (727) 893-2646
 Date Daytime Phone #

CR2E037 (11/98)