

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91014 038 ****61.25

DOCUMENT # 759996

1. Entity Name

PASADENA FUNDAMENTAL PTA, INCORPORATED



Principal Place of Business

95-72ND ST. N.
ST. PETERSBURG FL 33710
US

Mailing Address

95-72ND ST. N.
ST. PETERSBURG FL 33710
US

0404000



MOORE CR2E037 (11/03)

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

23-7109339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRANDA, CYNDI
95-72ND ST. N.
ST. PETERSBURG FL 33710

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	PD	<input checked="" type="checkbox"/> Delete
NAME	KETTERER, ANGELA	
STREET ADDRESS	95-72 ST NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BALLARD, GREG	
STREET ADDRESS	6477 31ST AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOGUE, TONI	
STREET ADDRESS	93-72 ST NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALL, JANET A	
STREET ADDRESS	6019 18 ST SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NOHREN, JOHN	
STREET ADDRESS	235 116TH AVE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, KAREN	
STREET ADDRESS	5880 42ND WAY NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT / TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRANDA, CYNDI	
STREET ADDRESS	95-72ND STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY / TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNE KEANE	
STREET ADDRESS	95-72ND STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE-PRESIDENT / TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIS WISE	
STREET ADDRESS	95-72ND STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	2ND VICE-PRESIDENT / TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKIE LANG	
STREET ADDRESS	95-72ND STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cynthia Miranda

4/6/04

(727) 893-2646