

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90029 040 \*\*\*\*61.25

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01042005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 759996</b> 1. Entity Name <b>PASADENA FUNDAMENTAL PTA, INCORPORATED</b>					
Principal Place of Business <b>95-72ND ST. N.</b> <b>ST. PETERSBURG, FL 33710 US</b>			Mailing Address <b>95-72ND ST. N.</b> <b>ST. PETERSBURG, FL 33710 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>23-7109339</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MIRANDA, CYNDI</b> <b>95-72ND ST. N.</b> <b>ST. PETERSBURG, FL 33710</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE _____  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> </div> <div style="width: 20%; text-align: center;"> <b>Jan. 6, 2005</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>MIRANDA, CYNDI</b> <b>95-72 ST NORTH</b> <b>SAINT PETERSBURG, FL 33710</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1. PRESIDENT-TRUSTEE</b> <b>MIRANDA, CYNDI</b> <b>95-72 ST. NORTH</b> <b>ST. PETERSBURG, FL, 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BALLARD, GREG</b> <b>6477 31ST AVE N</b> <b>SAINT PETERSBURG, FL 33710</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3. V. PRESIDENT</b> <b>MALLER, DEBBIE</b> <b>95-72 ST. NORTH</b> <b>ST. PETERSBURG, FL, 33710</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>KEANE, JOANNE</b> <b>93-72 ST NORTH</b> <b>SAINT PETERSBURG, FL 33710</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>KEANE, JOANNE</b> <b>95-72 ST. NORTH</b> <b>ST. PETERSBURG, FL, 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HALL, JANET A</b> <b>6019 18 ST SOUTH</b> <b>SAINT PETERSBURG, FL 33712</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>HALL, JANET</b> <b>6019 18th St. South</b> <b>ST. PETERSBURG FL, 33712</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>HISE, TRAVIS</b> <b>95-72 STREET NORTH</b> <b>SAINT PETERSBURG, FL 33710</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>SMITH, KENTON</b> <b>95-72 ST. NORTH</b> <b>ST. PETERSBURG FL 33710</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VPT</b> <b>LANG, JACKIE</b> <b>95-72 STREET NORTH</b> <b>SAINT PETERSBURG, FL 33710</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> _____  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 30%; text-align: center;"> </div> <div style="width: 20%; text-align: center;"> <b>JANET A HALL</b>  <b>PRESIDENT / TRUSTEE</b>  <b>(727) 656-1161</b> </div> </div>					