

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 765562**

**(4)**

1. Corporation Name

**KINGS HIGHWAY ELEMENTARY SCHOOL PARENT-TEACHER ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**1715 KINGS HIGHWAY  
CLEARWATER FL 34615**

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CLEARWATER FL 34615**

3. Date Incorporated or Qualified  
**10/26/1982**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number  
**59-2591344**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, SADIE M.  
1715 KINGS HIGHWAY  
CLEARWATER FL 34615**

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, DONNA	
STREET ADDRESS	1537 ROSEMONT DR.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EVERETT, SUE	
STREET ADDRESS	1714 PRINCE PHILIP ST.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KRANTZ, MARIA	
STREET ADDRESS	1320 LYNN AVE.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LAMB, KAREN	
STREET ADDRESS	2052 LITTLE NECK RD.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JULIET	
STREET ADDRESS	1564 GENTRY	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRADY, SUE	
STREET ADDRESS	1470 PACKWOOD ST.	
CITY - ST - ZIP	CLEARWATER FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sue Everett	
1.3 STREET ADDRESS	1714 Prince Philip St	
1.4 CITY - ST - ZIP	Clearwater FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Audrey Harvey	
2.3 STREET ADDRESS	1729 Greenlee Dr.	
2.4 CITY - ST - ZIP	Clearwater FL 34615	
3.1 TITLE	Karen Lamb TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Karen Lamb	
3.3 STREET ADDRESS	2052 Little Neck Rd	
3.4 CITY - ST - ZIP	Clearwater FL 34615	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Donna Pontig	
4.3 STREET ADDRESS	1006 Sunset Point Rd	
4.4 CITY - ST - ZIP	Clearwater FL 34615	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Carol Reilly	
5.3 STREET ADDRESS	1456 Sunset Point Rd	
5.4 CITY - ST - ZIP	Clearwater FL 34615	
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Mim Whiah	
6.3 STREET ADDRESS	506 N. Mission Ave	
6.4 CITY - ST - ZIP	Clearwater FL 34615	

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: Susan Everett Susan Everett President 4/22/96 813-441-3238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)