


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90008 004 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 765562					
1. Corporation Name KINGS HIGHWAY ELEMENTARY SCHOOL PARENT-TEACHER ASSOCIATION, INC.					
Principal Place of Business 1715 KINGS HIGHWAY CLEARWATER FL 33755 US			Mailing Address 1715 KINGS HIGHWAY CLEARWATER FL 33755 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/26/1982	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2591344	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		Trust Fund Contribution	
9. Name and Address of Current Registered Agent KENNETH R O'BRYANT 1715 KINGS HIGHWAY CLEARWATER FL 33755				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	DELETED	TITLE	1.1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	EVERETT, DAVID		NAME	1.2	Karen Castagna <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1714 PRINCE PHILIP ST		STREET ADDRESS	1.3	410 Hilltop
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP	1.4	Clearwater, FL 33755
TITLE	VD	DELETED	TITLE	2.1	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN CASTAGNA		NAME	2.2	Audrey Harvey
STREET ADDRESS	312 HILLTOP AVE		STREET ADDRESS	2.3	1831 Braxton Bragg Lane
CITY-ST-ZIP	CLEARWATER FL 33755		CITY-ST-ZIP	2.4	Clearwater, FL 33765
TITLE	TD	DELETED	TITLE	3.1	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISTY LIND		NAME	3.2	Angela Drummond
STREET ADDRESS	2021 SAN SEBASTIAN WAY S		STREET ADDRESS	3.3	2049 Brampton
CITY-ST-ZIP	CLEARWATER FL 33763		CITY-ST-ZIP	3.4	Clearwater, FL 33755
TITLE	VD	DELETED	TITLE	4.1	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONZIO, DONNA		NAME	4.2	Michele Mann
STREET ADDRESS	1606 SUNSET POINT RD		STREET ADDRESS	4.3	1607 Pine Pl
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP	4.4	Clearwater, FL 33755
TITLE		DELETED	TITLE	5.1	V. President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	5.2	Shelly Miller
STREET ADDRESS			STREET ADDRESS	5.3	1999 N. Keene Rd #2
CITY-ST-ZIP			CITY-ST-ZIP	5.4	Clearwater, FL 33755
TITLE		DELETED	TITLE	6.1	V. President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	6.2	Melissa Gawvey
STREET ADDRESS			STREET ADDRESS	6.3	1765 Kings Highway Rd
CITY-ST-ZIP			CITY-ST-ZIP	6.4	Clearwater, FL 33755

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: Michele Mann 8/23/99 (727) 444-0963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)