## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Mar 13, 2003 8:00 am Secretary of State **DOCUMENT # 765562** 1. Entity Name 03-13-2003 90082 044 \*\*\*\*61.25 KINGS HIGHWAY ELEMENTARY SCHOOL PARENT-TEACHER A SSOCIATION, INC. Principal Place of Business Mailing Address 1715 KINGS HIGHWAY 1715 KINGS HIGHWAY CLEARWATER FL 33755 CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2591344 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name COUCH, LYNNE Street Address (P.O. Box Number is Not Acceptable) 1223 MURRAY AVE **CLEARWATER FL 33755** City 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 registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Delete TITLE ☐ Addition NAME COUCH, LYNNE NAME STREET ADDRESS 1223 MURRAY AVENUE STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33755 CITY-ST-ZIP VD TITLE Delete TITLE Change 1 ☐ Addition NAME WEBB, SUSAN Kimm Armitage NAME STREET ADDRESS 1837 EAST AVENUE STREET ADDRESS CITY-ST-ZIP CLEARWATER: FL: 33755 CITY-ST: ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME WALTERS, TERESA Grea VanderLoop 226 Emerald IN. NAME STREET ADDRESS 1417 LYNN AVE STREET ADDRESS CITY-ST-ZIF CLEARWATER FL 33755 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE

**FILED**