

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002951

FILED
May 29, 2009
Secretary of State

Entity Name: NINA HARRIS PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

6000 70TH AVE
PINELLAS PK, FL 33781

New Principal Place of Business:

Current Mailing Address:

6000 70TH AVE
PINELLAS PK, FL 33781

New Mailing Address:

FEI Number: 68-0581257 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SOLTI, LINDA
7922 IVYWOOD RD.
LARGO, FL 33777 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOLTI, LINDA
Address: 7922 ZUYWOOD RD.
City-St-Zip: LARGO, FL 33777

Title: S () Delete
Name: STUCKEY, CHRISTINE
Address: 405 CENTRAL AVE. APT. 500
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T () Delete
Name: GREGORY, TRACI
Address: 8415 BAYOU BOARDWALK #6001
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOLTI, LINDA
Address: 7922 IVYWOOD RD.
City-St-Zip: LARGO, FL 33777

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GREGORY, TRACI
Address: 8415 BAYOU BOARDWALK #601
City-St-Zip: LARGO, FL 33777

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACI GREGORY

MS.

05/29/2009

Electronic Signature of Signing Officer or Director

Date