


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90768 043 \*\*\*\*61.25

<b>DOCUMENT # N37991</b> 1. Entity Name <b>MAXIMO ELEMENTARY PTA, INC.</b>					
Principal Place of Business <b>% MAXIMO ELEMENTARY SCHOOL</b> <b>4850 31ST ST S</b> <b>ST. PETERSBURG FL 33712</b>			Mailing Address <b>% MAXIMO ELEMENTARY SCHOOL</b> <b>4850 31ST ST S</b> <b>ST. PETERSBURG FL 33712</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1977737</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				7. Name and Address of New Registered Agent	
<b>HIRES, BARBARA</b> <b>4850 31ST STREET SOUTH</b> <b>ST. PETERSBURG FL 33712</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SKINNER, LISA</b> <input checked="" type="checkbox"/> Delete <b>4850 31ST STREET SOUTH</b> <b>SAINT PETERSBURG FL 33712</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Gwen Elliott</b> <b>4850 31st Street South</b> <b>ST. Petersburg, FL. 33712</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input checked="" type="checkbox"/> Delete <b>EILLIOTT, GWEN</b> <b>4850 31ST STREET SOUTH</b> <b>SAINT PETERSBURG FL 33712</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Shannon Miller</b> <b>4850 31st Street South</b> <b>ST. Petersburg, FL. 33712</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Delete <b>INGRAM, JULIA</b> <b>4850 31ST STREET S.</b> <b>SAINT PETERSBURG FL 33712</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lisa Skinner</b> <b>4850 31st Street South</b> <b>ST. Petersburg, FL. 33712</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Susan Patchin</b> <b>4850 31st Street South</b> <b>ST. Petersburg, FL. 33712</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b> <i>Lisa Skinner</i> (LISA SKINNER)			4/26/04 (727) 893.2191		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		