## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # N37991 1. Entity Name 03-22-2006 90010 027 \*\*\*\*61.25 MAXIMO ELEMENTARY PTA, INC. Principal Place of Business Mailing Address % MAXIMO ELEMENTARY SCHOOL 4850 31ST ST S ST. PETERSBURG FL 33712 % MAXIMO ELEMENTARY SCHOOL 4850 31ST ST S ST. PETERSBURG FL 33712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-1977737 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'BRYANT, SANDRA C Street Address (P.O. Box Number is Not Acceptable) 4850 31ST STREET SOUTH ST. PETERSBURG FL 33712 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 the obligations of registered agent SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Florida Department of State Trust Fund Contribution. Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD Change TITLE Delete TITLE Lisa Skinner ELLIOT, GWEN NAME NAME 4850 31st Street South 4850 31ST SOUTH STREET ADDRESS STREET ADDRESS Saint Petersburg, FL. 33712 SAINT PETERSBURG FL 33712 CHY-SI-7P CITY-S1-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SKINNER, LISA NAME NAME 4850 31ST SOUTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33712 CITY-ST-ZIP CITY-ST-ZIP **VPD** ☐ Delete TITLE ☐ Change ☐ Addition MILLER, SHANNON NAME HAME 4850 31ST SOUTH STREET ADDRESS STREET ADDRESS CITY - ST- 719 SAINT PETERSBURG FL 33712 CITY-ST-7/P ☐ Delete ☐ Change ☐ Addition TITLE UHE PATCHIN, SUSAN NAME NAME STREET ADDRESS 4850 31ST SOUTH STREET ADDRESS CITY-SI-ZIP SAINT PETERSBURG FL 33712 CITY-S1-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-709

FILED

Mar 22, 2006 8:00 am

signature: July 5 Kenne Lisa Skinner 3/1/06 (727) 893,2191

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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