FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45834** **(1)**

1. Corporation Name
PARENT TEACHER ORGANIZATION OF P.H.M.A. INC.

Principal Place of Business	Mailing Address
2313 NEBRASKA AVE. PALM HARBOR FL 34683	2313 NEBRASKA AVE. PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1991**
3a. Date of Last Report: **03/21/1994**
4. FEI Number: **59-3092024** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WARD, DIANE
2313 NEBRASKA AVE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: Fernandez, Roberta
82 Street Address (P.O. Box Number is Not Acceptable): 2313 Nebraska Ave.
83
84 City: Palm Harbor **FL** 85 Zip Code: 34683

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Roberta Fernandez
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CANTIN, SHARON	1.2 NAME	Fernandez, Roberta	
STREET ADDRESS	2313 NEBRASKA AVE.	1.3 STREET ADDRESS	2313 Nebraska Ave.	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Palm Harbor, FL.	
TITLE	VD	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	HARRIS, CAROL	2.2 NAME	Harris, Carol	
STREET ADDRESS	2313 NEBRASKA AVE	2.3 STREET ADDRESS	2313 Nebraska Ave.	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	Palm Harbor, FL.	
TITLE	T	3.1 TITLE	T	☐ Change ☐ Addition
NAME	DUNN, DEBORAH	3.2 NAME	Dunn, Deborah	
STREET ADDRESS	2313 NEBRASKA AVE	3.3 STREET ADDRESS	2313 Nebraska Ave.	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	Palm Harbor, FL.	
TITLE	RS	4.1 TITLE	RS	☒ Change ☐ Addition
NAME	WARD, DIANE	4.2 NAME	Klibanoff, Nancy	
STREET ADDRESS	2313 NEBRASKA AVE	4.3 STREET ADDRESS	2313 Nebraska Ave.	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP		
TITLE	CS	5.1 TITLE	CS	☒ Change ☐ Addition
NAME	MURRAY, SANDRA	5.2 NAME	Witt, Sandra	
STREET ADDRESS	2313 NEBRASKA AVE	5.3 STREET ADDRESS	2313 Nebraska Ave.	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	Palm Harbor, FL.	
TITLE	VD	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	LOKEY, DONNA	6.2 NAME	Johnson, Nancy	
STREET ADDRESS	2313 NEBRASKA AVE	6.3 STREET ADDRESS	2313 Nebraska Ave.	
CITY-ST-ZIP	PALM HARBOR FL	6.4 CITY-ST-ZIP	Palm Harbor, FL.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Deborah Dunn Deborah Dunn 4-21-95 786-1854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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