

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N45834 (1)**  
1. Corporation Name  
**PARENT TEACHER ORGANIZATION OF P.H.M.A. INC.**



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

Mailing Address  
**2313 NEBRASKA AVE.  
PALM HARBOR FL 34683**

3. Date Incorporated or Qualified  
**10/31/1991**

3a. Date of Last Report  
**04/27/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
**21**

2a. Mailing Address  
**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

**FERNANDEZ, ROBERTA  
2313 NEBRASKA AVE  
PALM HARBOR FL 34683**

## 10. Name and Address of New Registered Agent

81 Name  
**Nancy Johnson**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2313 Nebraska Ave.**

83

84 City  
**Palm Harbor**

85 Zip Code  
**FL 34683**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Nancy Johnson*

(NOTE: Registered Agent signature required when reinstating)

**4-29-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, ROBERTA	
STREET ADDRESS	2313 NEBRASKA AVE.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARRIS, CAROL	
STREET ADDRESS	2313 NEBRASKA AVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, DEBORAH	
STREET ADDRESS	2313 NEBRASKA AVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	RS	<input checked="" type="checkbox"/> DELETE
NAME	KLIBANOFF, NANCY	
STREET ADDRESS	2313 NEBRASKA AVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	CS	<input checked="" type="checkbox"/> DELETE
NAME	WITT, SANDRA	
STREET ADDRESS	2313 NEBRASKA AVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, NANCY	
STREET ADDRESS	2313 NEBRASKA AVE	
CITY-ST-ZIP	PALM HARBOR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nancy Johnson	
1.3 STREET ADDRESS	2313 Nebraska Ave.	
1.4 CITY-ST-ZIP	Palm Harbor, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	7	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Debra Fontana	
3.3 STREET ADDRESS	2313 Nebraska Ave.	
3.4 CITY-ST-ZIP	Palm Harbor, FL	
4.1 TITLE	RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dana Turner	
4.3 STREET ADDRESS	2313 Nebraska Ave.	
4.4 CITY-ST-ZIP	Palm Harbor, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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: *Debra Fontana*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-96 (813) 786-1854

Date Daytime Phone #

CR2E037 (12/95)