FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N45834

(1)

PARENT TEACHER ORGANIZATION OF P.H.M.A. INC.

Deignis al Dian	(0 1			Letter Ashara				_	:			
Principal Place of Business Mailing Address									† 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#101 #1417	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PIWIT ETC. 190-
2313 NEBRASKA AVE. PALM HARBOR FL 34683				2313 NEBRASKA AYE. Palm Harbor Fl 34683-3949								
								3. [Date Incorporated or Qualified 10/31/1991	3a. Da	05/01/19	leport
2. Principal Place of Business				2a. Mailing Address				4. /	El Number		Ar	pplied For
21				26					59-3092024			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. (Certificate of Status Desired		\$8.75	
City & State				7 City & State				 	-() - 6 - 1 - 7 - 1			equired
23			28	28					Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zιρ	T	Country	1201	Zip	Cou	ntry			This corporation has liability for i			
24	2	25	29		30	•					No	, 188.002,
	9. Name a	and Address of Curre	nt Regis	itered Agent	1223			10.	Name and Address of New Re	gistered /	igent	
						81 I	Name //	ana	y Johnson			
JOHNSON, NANCY				82 Street Add				anc ress (P.	OJBox Number is Not Acceptab	le le		
2313 NEBRASKA AVENUE				23				13	Nebraska	Hve	,	
Palm H	iabor fl 3	4683				83			•			
						84 (City P	1	He = he=	FI	85 Zip	Gode 2
11. Pursuant	to the provision	ons of Sections 617.05	02 and 6	317.1508, Florida State	utes, the al	bove-n	amed con	poration	submits this statement for the p	urpose of	changing if	ts registered
office or re	egistered age	nt, or both, in the State	e of Flori	da. Such change was	Buthorize	d by th	e corpora	tion's bo	submits this statement for the poard of directors. I hereby accept	the appoint	ointment as	registered
	Ilmy	Amm	juliona o	1, 0001011 017.0000, 7	IDITOR CIRI	.0100.				4-1-9	17	
SIGNATURE	Signature, lyped o	or folled name of registered ag	ent and title	e il applicable (NC	OTE: Registered	d Agent i	ignature requi	red when re	einstating)	DATE		
12.		OFFICERS AN	ID DIRE	CTORS	13.				DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	3S IN 12
TITLE	PD	V		DELETE	1.1 T	TLE		PD			☐ Change	Addition
NAME		ON, NANCY			1.2 N	ME	1	rohn	son, Nancy			
STREET AODRESS		Braska avenue			1.3 \$1	reet ad	DRESS .	23/3	Son, Nancy Nebraska Av	e ,		
CITY-ST-7IP	·	ARBOR FL				TY-\$1-2	NP F	a/m	Harbor, F1.			
TITLE	VD			DELETE	2.1 Ti	TL€		V/		,	Change	Addition
NAME	HARRIS,				2.2 NA	ME	7	URN				
STREET ADDRESS		Braska ave			2.3 \$1	REET AD	DRESS 3	3/3	NEBRASKA AVE	,		
CITY-ST-ZIP	PALM H	ARBOR FL		N prieze		ITY-ST-	ZIP T	<u>rm</u>	YARBOR, FC.		TUR	
TITLE	FORTAN	A OCODA		X DELETE	3.1 Ti		-1.7	red	25 US ex LI		Change	Addition
NAME		IA, DEBRA			3.2 N/		. 14	e pp	, CYNTHIA A			
STREET ADDRESS		BRASKA AVENUE				reet ad	7	3.3/3	Nebraska Al	/e.		
CITY-ST-ZIP		ARBOR FL		DELETE		ITY-ST-	ZIP	<u>a/m</u>	HARBOR, FI.		NA 05	Address
TITLE	RS	DANA		₹	4.1 10		چ	Secre	tary Ilal	(Change	☐ Addition
NAME OTOTO L ADDRESO	TURNER	, dana Braska avenue			4.2 N			ein	Welen Helen			
STREET ADDRESS		ARBOR FL				REET AD		3/5	Nebraska Ave.			
CHY-SI-ZIP TITLE	FALM IV	WOON FL		DELETE	4.4 CI 5.1 TE	TY-ST-2	IP /	4/1 <u>4</u>	Harber, Pl.		Change	Addition
NAME				C Decere	5.1 M			20	110		□ crange	_ LES-COUNTRAIT
STREET ADDRESS						ame Ireet ad	DDCCC K	777	Neidi Aug			
CITY-ST-ZIP							17		Nebraska Hue	•		
TITLE				DELETE	5.4 UI 6.1 TI	TY-ST-Z Tl e	" F		Harbor, Pl		Change	Addition
NAME				**************************************	6.2 N/		1	veis	ring secretory			
STREET ADDRESS						REET AD		VE13	DIATIKAODAY	,		
CITY-ST-ZIP						TY-ST-Z		377	Herbor Fl.	•		
14. I do hereb	by certify that	the information supplie	d with the	nis filing does not qua	lify for the	exemp	tion state	d in Sec	tion 119.07(3)(i), Florida Statutes	s. I further	certify that	the
informatio	on indicated or	n this annual report or :	supplem	nental annual report is	: true and a	accura:	te and thai	t mv sio	nature shall have the same lega juired by Chapter 617, Florida S	l effect as	if made uni	der oath: that l
appears i	in Block 12 or	Block 13 if changed, c	or on any	attachment with an ac	ddress.			4	, /	,	, 11ty 1	· * 7 ***

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97

786 -- /854 Daytime Phone # 0008711

FILED

May 02 1997 8:00am

Secretary of State