

FILE NOW: FILING FEE IS \$61.25

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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/31/1991	
4. FEI Number 59-3092024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent JOHNSON, NANCY 2313 NEBRASKA AVENUE PALM HARBOR FL 34683	
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10. Name and Address of New Registered Agent	
81 Name KAY, HEIDI	
82 Street Address (P.O. Box Number Is Not Acceptable) 2313 NEBRASKA AVENUE	
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 *Heidi Kay* DATE **2/23/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	JOHNSON, NANCY
STREET ADDRESS	2313 NEBRASKA AVENUE
CITY-ST-ZIP	PALM HARBOR FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	TURNER, DANA
STREET ADDRESS	2313 NEBRASKA AVE.
CITY-ST-ZIP	PALM HARBOR FL
TITLE	T <input type="checkbox"/> DELETE
NAME	HOPP, CYNTHIA
STREET ADDRESS	2313 NEBRASKA AVENUE
CITY-ST-ZIP	PALM HARBOR FL
TITLE	S <input type="checkbox"/> DELETE
NAME	FELNINGER, HELEN
STREET ADDRESS	2313 NEBRASKA AVENUE
CITY-ST-ZIP	PALM HARBOR FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	KEY, HEIDI
STREET ADDRESS	2313 NEBRASKA AVE.
CITY-ST-ZIP	PALM HARBOR FL
TITLE	S <input type="checkbox"/> DELETE
NAME	WEISBLAT, RHONDA
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	KAY, HEIDI
1.3 STREET ADDRESS	2313 NEBRASKA AVENUE
1.4 CITY-ST-ZIP	PALM HARBOR, FL.
2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TURNER, DANA
2.3 STREET ADDRESS	2313 NEBRASKA AVENUE
2.4 CITY-ST-ZIP	PALM HARBOR, FL.
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HEPP, CYNTHIA
3.3 STREET ADDRESS	2313 NEBRASKA AVENUE
3.4 CITY-ST-ZIP	PALM HARBOR, FL.
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GOODGAME, SUSAN
4.3 STREET ADDRESS	2313 NEBRASKA AVENUE
4.4 CITY-ST-ZIP	PALM HARBOR, FL.
5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SEILER, SHERRY
5.3 STREET ADDRESS	2313 NEBRASKA AVENUE
5.4 CITY-ST-ZIP	PALM HARBOR, FL.
6.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WEISBLAT, RHONDA
6.3 STREET ADDRESS	2313 NEBRASKA AVENUE
6.4 CITY-ST-ZIP	PALM HARBOR, FL.

14. 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 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 *Cynthia Hepp* DATE **2/11/98**

CR2E037 (10/97)