

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90014 011 \*\*\*\*61.25

**DOCUMENT # N45834**

1. Corporation Name

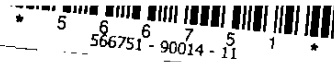
**PARENT TEACHER ORGANIZATION OF P.H.M.A. INC.**

Principal Place of Business

2313 NEBRASKA AVE.  
PALM HARBOR FL 34683

Mailing Address

2313 NEBRASKA AVE.  
PALM HARBOR FL 34683



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

10/31/1991

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

9. Name and Address of Current Registered Agent

KAY, HEIDI  
2313 NEBRASKA AVENUE  
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name **Sherry Seiler**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4777 OLD OAK CIR.**  
83 **Palm Harbor** **34683**  
84 City **FL** 85 Zip Code

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

*Sherry Seiler*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-2-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KAY, HEIDI	
STREET ADDRESS	2313 NEBRASKA AVENUE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, DANA	
STREET ADDRESS	2313 NEBRASKA AVE.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HEPP, CYNTHIA	
STREET ADDRESS	2313 NEBRASKA AVENUE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GOODGAME, SUSAN	
STREET ADDRESS	2313 NEBRASKA AVENUE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SEILER, SHERRY	
STREET ADDRESS	2313 NEBRASKA AVE.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WEISBLAT, RHONDA	
STREET ADDRESS	2313 NEBRASKA AVE	
CITY-ST-ZIP	PALM HARBOR FL	

13.

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sherry Seiler	
1.3 STREET ADDRESS	42313 Nebraska Ave	
1.4 CITY-ST-ZIP	P.H. FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cindy Hepp	
2.3 STREET ADDRESS	2313 Nebraska Ave.	
2.4 CITY-ST-ZIP	P.H. FL	
3.1 TITLE	2VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kathy Mauber	
3.3 STREET ADDRESS	2313 Nebraska Ave.	
3.4 CITY-ST-ZIP	P.H. FL	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Debbie Lipkin	
4.3 STREET ADDRESS	2313 Nebraska Ave.	
4.4 CITY-ST-ZIP	P.H. FL	
5.1 TITLE	Recording Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Susan Goodgame	
5.3 STREET ADDRESS	2313 Nebraska Ave.	
5.4 CITY-ST-ZIP	P.H. FL	
6.1 TITLE	Volunteer Co-ordinator	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mary Haas	
6.3 STREET ADDRESS	2313 Nebraska Ave.	
6.4 CITY-ST-ZIP	P.H. 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, with all other like empowered.

SIGNATURE:

*Sherry Seiler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-99

Date

727  
785-3470  
Daytime Phone #

CR2E037 (1/98)

0072105