

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90354 038 ****61.25

DOCUMENT # N45834

1. Entity 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

14015763



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3092024

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAUERT, JODELL
2313 NEBRASKA AVE
PALM HARBOR FL 34683

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME HAUBER, CATHY
STREET ADDRESS 2313 NEBRASKA AVE.
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☒ Change ☐ Addition
NAME President
Kari Pagen Harot
STREET ADDRESS 2313 Nebraska Ave
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE ☒ Delete
NAME KARI, PAGENHARDT
STREET ADDRESS 2313 NEBRASKA AVE.
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME NAUERT, JODELL
STREET ADDRESS 2313 NEBRASKA AVE.
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Change ☒ Addition
NAME Treasurer
cheeryl wright
STREET ADDRESS 2313 Nebraska Ave
CITY-ST-ZIP Palm Harbor FL 34683

TITLE ☐ Delete
NAME FABIAN, ARDILA
STREET ADDRESS 2313 NEBRASKA AVENUE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME WHITEHURST, BARBARA
STREET ADDRESS 2313 NEBRASKA AVE.
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME LORD-SHELBY, JILL
STREET ADDRESS 2313 NEBRASKA AVE.
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04 727-934-9009