

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45834

FILED
Apr 21, 2007
Secretary of State

Entity Name: PARENT TEACHER ORGANIZATION OF P.H.M.A. INC.

Current Principal Place of Business:

2355 NEBRASKA AVE
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

2355 NEBRASKA AVE
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-3092024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENSABENE, FRANK
2355 NEBRASKA AVE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PENSABENE, FRANK
Address: 2355 NEBRASKA AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: T () Delete
Name: DANIELS, SUE ANN
Address: 2355 NEBRASKA AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: TURNER, DANA
Address: 2355 NEBRASKA AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: AT () Delete
Name: GRUENWALD, KELLY
Address: 2355 NEBRASKA AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: VC () Delete
Name: ZAFARI, SUZANNE
Address: 2355 NEBRASKA AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: RS () Delete
Name: KLIMCZAK, STACY
Address: 2355 NEBRASKA AVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ZAFARI, SUZANNE
Address: 2355 NEBRASKA AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: AT (X) Change () Addition
Name: AVILA, MIRANDA
Address: 2355 NEBRASKA AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: VC (X) Change () Addition
Name: GRUENWALD, KELLY
Address: 2355 NEBRASKA AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: RS (X) Change () Addition
Name: LEE, ALLISON
Address: 2355 NEBRASKA AVE
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK PENSABENE

P

04/21/2007

Electronic Signature of Signing Officer or Director

Date