2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N45834

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:

ZAFARI-PATTERSON, SUZANNE
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:	ZAFARI-PATTERSON, SUZANNE	
Address:	2355 NEBRASKA AVE	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	T	( ) Delete
Name:	SANCHEZ, TED	
Address:	2355 NEBRASKA AVE	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	VP	( ) Delete
Name:	GERBER, CINDY	
Address:	2355 NEBRASKA AVE	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	VP	( ) Delete
Name:	MC CLEARY, LARRIE	
Address:	2355 NEBRASKA AVE	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	VP	( ) Delete
Name:	JOHNSON, SUSAN	
Address:	2355 NEBRASKA AVE	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	RS	( ) Delete
Name:	MILLIE, ATHANASON	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: SUZANNE ZAFARI-PATTERSON P 04/29/2009

Electronic Signature of Signing Officer or Director — Date