

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**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90240 025 \*\*\*\*70.00

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**DOCUMENT # N97000004373**

1. Corporation Name

**PARA TODOS LOS NINOS, INC.**

Principal Place of Business

P O BOX 933  
DUNEDIN FL 34697-0933

Mailing Address

P O BOX 933  
DUNEDIN FL 34697-0933



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**08/01/1997**

4. FEI Number

**59-3331926**

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

**WINTERS, ELISE K**  
**600 CLEVELAND ST, SUITE 940**  
**CLEARWATER FL 33755**

10. Name and Address of New Registered Agent

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **OLESON, THOMAS W**  
CITY-ST-ZIP **P O BOX 933 N/A**  
**DUNEDIN FL 34697-0933** ok ①

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **STONE, GLENDA**  
CITY-ST-ZIP **700 LYNCHURST ST #201**  
**DUNEDIN FL 34698** →

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SCOTT, CAROL**  
CITY-ST-ZIP **1424 ROSE ST**  
**CLEARWATER FL 34616** ok ②

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **Deborah Kinder**  
CITY-ST-ZIP **VELEZ, MARIA TERESA**  
**2000 RED CEDAR LANE**  
**CLEARWATER FL 34623** 312 Midway Island Clearwater FL 33767 ok ③

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **SCOTT, JAY**  
CITY-ST-ZIP **1424 ROSE ST**  
**CLEARWATER FL 34616** ok ④

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **WEBER, MICHAEL**  
CITY-ST-ZIP **2725 RANCHWOOD CT**  
**MELBOURNE FL 32934** ok ⑤

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **6** **Ivelisse Ruiz m.b.**  
1.3 STREET ADDRESS **3131 Mc Mullen Booth RD, ok**  
**clearwater, FL - 34695**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **7** **Glenda Oleson**  
2.3 STREET ADDRESS **1215 Taylor Ave. ok**  
**Dunedin, FL 34698**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **8** **Elaine Hougue**  
3.3 STREET ADDRESS **601 N. Hercules St. #203**  
**clearwater, FL 33765** ok

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **9** **Maria Teresa Velez**  
4.3 STREET ADDRESS **2000 Red Cedar Lane**  
**Clearwater, FL 34623** ok

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME **2784 Northcote Dr, ok**  
5.3 STREET ADDRESS **Palm Harbor**  
**FL 34684**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **10** **Steve Howey**  
6.3 STREET ADDRESS **1709 Hammock Pine Blvd. ok**  
**Clearwater FL 33761**

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: **1 SIGNATURE REQUIRED**

1-9-99 728-733-7871

CR2E037 (11/98)