

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004890

FILED
Apr 17, 2005
Secretary of State

Entity Name: PINELLAS PARENT EDUCATORS ASSOCIATION, INC.

Current Principal Place of Business:

630 KIRKWOOD TERR. N.
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60685
SAINT PETERSBURG, FL 337840685

New Mailing Address:

FEI Number: 59-3529814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBS LAW FIRM. P.A
5666 SEMINOLE BLVD, STE 2
SEMINOLE, FL 33772 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: PD () Delete
Name: SWEET, LISA
Address: 630 KIRKWOOD TERR. N.
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: SD () Delete
Name: COLEY, KIM
Address: 630 KIRKWOOD TERR. N.
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: PAUQUETTE, ALICE
Address: 1921 ELLIOTT DR.
City-St-Zip: CLEARWATER, FL 33763

Title: DT () Delete
Name: LYNCH, PAM
Address: 3741 55TH AV N
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: D () Delete
Name: LAIRD, CARRIE
Address: 3223 51ST ST N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D () Delete
Name: APPLE, NEOKA
Address: 6400 29TH AVE N
City-St-Zip: ST PETERSBURG, FL 33710

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: D (X) Change () Addition
Name: SIPOS, KELLIE
Address: 18217 GULF BLVD.
City-St-Zip: REDINGTON SH., FL 33708

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAMELA J LYNCH

DT

04/17/2005

Electronic Signature of Signing Officer or Director

Date