2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000004890

SIGNATURE:



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Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90009 023 ****70.00

PINELLA	S PARENT EDUCATORS A	ASSOCI	ATION, INC.							
630 KIRKWOOD TERR. N. P.O. I			Address BOX 60685 PETERSBURG, FL	33784-0685		· ·				
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2. Principal P	face of Business	3. Mail	ng Address							HII II III
Suite, Apt.	#, etc.	Sui	te, Apt. #, etc.	<u></u>		03202006	Chg-NP	CR2E03	7 (11/05)	
City & Stat	e	Cit	/ & State		-	4. FEI Number 59-35298	314		_ 	plied For Applicable
Zip	Country	Zip		Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registere	d Agent			7. Name and A	ddress of New R	egistered A	gent	
GIBBS LAW FIRM. P.A				Name	_					
5666 SEMINOLE BLVD, STE 2 SEMINOLE, FL 33772				Street Address (P.O. Box Number is Not Acceptable)						
				City					Zip Code	
								FL	<u> </u>	
	e named entity submits this statement for tions of registered agent.	or tine purp	ose or changing its re	gisterea office (or register	red agent, or boin,	in the State of Fig	rroa,≀am⊺	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if app	icable. (NOTE: R	legistered Agent signa	ature required	d when reinstating)		DATE		
	Filing Fee Is \$61.25 Due by May 1, 2006	-	9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees			payable to ment of St	
10.	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHAN	IGES TO OFFICE	RS AND DIF	RECTORS IN	10
TITLE	PD PMEET LICA		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	SWEET, LISA 630 KIRKWOOD TERR. N.			NAME Street address						
CITY-ST-ZIP	SAINT PETERSBURG, FL 3370)1		CITY-ST-ZIP						
TITLE	SD		☐ Delete	TITLE	D	•			Change	Addition
NAME	COLEY, KIM 630 KIRKWOOD TERR, N.			NAME						
STREET ADDRESS CITY+ST-ZIP	SAINT PETERSBURG, FL 3370				1					
TITLE)1		STREET ADDRESS CITY-ST-ZIP						
HILE	D D)1	☐ Delete						Change	☐ Addition
NAME	D PAUQUETTE, ALICE)1	☐ Delete	CITY-ST-ZIP TITLE NAME	44.1	12 Crack	Haven D		Ø Change	☐ Addition
	D)1 	☐ Delete	CITY-ST-ZIP TITLE	1112		Haven Dr		Change	Addition
NAME STREET ADDRESS	D PAUQUETTE, ALICE 1921 ELLIOTT DR.)1 	☐ Delete ——————————————————————————————————	CITY-ST-ZIP TITLE NAME STREET ADDRESS	River		Haven Ir L 3356		,	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D PAUQUETTE, ALICE 1921 ELLIOTT DR. CLEARWATER, FL 33763 DT LYNCH, PAM		~-	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	River		L 3356		Change	Addition
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