

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004890

FILED
Mar 09, 2009
Secretary of State

Entity Name: PINELLAS PARENT EDUCATORS ASSOCIATION, INC.

Current Principal Place of Business:

1745 30TH AVENUE NORTH
ST. PETERSBURG, FL 33713

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: ARNOLD, MARY
Address: 1745 30TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D () Delete
Name: WOOLDRIDGE, LINDA
Address: 3200 70TH LANE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D () Delete
Name: TROPE, DEE
Address: 5260 87TH AVE N
City-St-Zip: PINELLAS PARK, FL 33782

Title: DT () Delete
Name: MYRICK, KRISTY
Address: 6011 41ST AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D () Delete
Name: STROUSE, BRANDY
Address: 8798 56TH WAY NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: D () Delete
Name: SOWERS, LYNN
Address: 5601 HOBSON ST. NE
City-St-Zip: ST. PETERSBURG, FL 33703

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: KRISTY MYRICK

DT

03/09/2009

Electronic Signature of Signing Officer or Director

Date