2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010261

Entity Name: PINELLAS MYCROSCHOOL OF INTEGRATED ACADEMICS AND

TECHNOLOGIES, INC.

FILED Feb 07, 2018 Secretary of State CC7890946179

Current Principal Place of Business:

840 THIRD AVENUE SOUTH ST. PETERSBURG, FL 33701

Current Mailing Address:

2611 TEMPLE HEIGHTS DRIVE, SUITE A OCEANSIDE, CA 92056 US

FEI Number: 27-4660639 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US

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

Officer/Director Detail:

TitlePRESIDENTTitleSECRETARYNameSTEEN, TRACINameREITER, SUSAN

Address 840 THIRD AVENUE SOUTH Address 840 THIRD AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701 City-State-Zip: ST. PETERSBURG FL 33701

TitleDIRECTORTitleTREASURERNameFARRELL, VEATRICENameJONES, CHAD

Address 840 THIRD AVENUE SOUTH Address 840 THIRD AVENUE SOUTH

City-State-Zip: ST. PETERSBURG FL 33701 City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR Title PARENT REPRESENTATIVE

Name LANE, JODY Name GOING, CONNIE

Address 840 THIRD AVENUE SOUTH Address 840 THIRD AVENUE SOUTH

City-State-Zip: ST. PETERSBURG FL 33701 City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR

Name HALL, NICOLE DR.

Address 840 THIRD AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

I hereby 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 all other like empowered.

SIGNATURE: SUSAN REITER SECRETARY 02/07/2018

Electronic Signature of Signing Officer/Director Detail

Date