

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010261

Entity Name: PINELLAS MYCROSCHOOL OF INTEGRATED ACADEMICS AND TECHNOLOGIES, INC.

FILED
Mar 20, 2017
Secretary of State
CC8708096497

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 :

Title PRESIDENT
Name STEEN, TRACI
Address 840 THIRD AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title SECRETARY
Name REITER, SUSAN
Address 840 THIRD AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name FARRELL, VEATRICE
Address 840 THIRD AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title TREASURER
Name JONES, CHAD
Address 840 THIRD AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name LANE, JODY
Address 840 THIRD AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title PARENT REPRESENTATIVE
Name GOING, CONNIE
Address 840 THIRD AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name SMITH, TODD
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

03/20/2017

Electronic Signature of Signing Officer/Director Detail

Date