



2013-2014 ANNUAL LOCAL UNIT NEW/RETURNING OFFICER REGISTRATION FORM
PLEASE PRINT OR TYPE ALL INFORMATION.

Full Name of PTA/PTSA (As listed on your Bylaws - No abbreviations)

National PTA Local Unit Number: Federal EIN:

Membership Cards and the Florida PTA Kit of Materials will be sent to each local unit upon receipt of this completed form. Please email completed form to: update@floridapta.org.

School Information form containing fields for Name, Address, City, Zip Code, County, Phone, Principal's Name, Principal's Email, Type (Elementary, Junior/Middle, High School, Other), and TOTAL SCHOOL ENROLLMENT (As of 9/30/2012).

INTERNAL REVENUE SERVICE REQUIREMENTS

The Internal Revenue Service REQUIRES all not-for-profit organizations (PTAs) with GROSS RECEIPTS in excess of \$50,000.00 to file form 990 EZ. All not-for-profits (PTAs) with gross receipts less than \$50,000.00 must file an electronic 990 postcard. The deadline for either form is no later than five months after your fiscal year end. Please NOTE: The IRS and Florida PTA REQUIRE each local unit to provide a copy of their filed 990 with the State Office. Immediately upon completion of your 990 Tax Return, please forward a copy to us via U.S. Mail (1747 Orlando Central Parkway, Orlando 32809); via facsimile 407-240-9577 or by email to: 990@floridapta.org.

REQUIRED: Gross Income as of June 30, 2012\$ (As reported on your 990.)

PLEASE COMPLETE AS MUCH INFORMATION AS POSSIBLE and send to the State Office (as soon as officers are elected). You will not receive 2013-2014 membership cards and the Florida PTA Kit of Materials if this information is not returned. Information MUST be completed for President, Treasurer and Secretary.

PTA President:

Home Mailing Address: Street City Zip Code

President Email:

President Phone: Day Evening Cell



**PTA Treasurer:** \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
Street City Zip Code

Treasurer Email: \_\_\_\_\_

Treasurer Telephone: \_\_\_\_\_  
Day Evening Cell

**PTA Secretary:** \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
Street City Zip Code

Secretary Email: \_\_\_\_\_

Secretary Telephone: \_\_\_\_\_  
Day Evening Cell

(If a VP is the responsible person for the committees listed below, include their contact information here.)

**PTA Membership Chair:** \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PTA Legislation Chair:** \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PTA Cultural Arts/Reflections Chair:** \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

By providing email addresses, Florida PTA can provide important updates to each member listed.

Florida PTA uses this information for its communication purposes only.

**WE DO NOT PROVIDE OFFICER OR MEMBERSHIP LISTS TO OUTSIDE ENTITIES.**

Please send completed form to:

[update@floridapta.org](mailto:update@floridapta.org)

-or-

Fax: 407-240-9577

-or-

Florida PTA  
1747 Orlando Central Parkway  
Orlando, FL 32809