

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729951 (4)
1. Corporation Name
PARENTS WITHOUT PARTNERS CHAPTER 280, INC.

Principal Place of Business P.O. BOX 5707 LAKE WORTH FL 33466-2707	Mailing Address P.O. BOX 5707 LAKE WORTH FL 33466-5707
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/14/1974		3a. Date of Last Report 01/23/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 23-7015010		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SYRKUS, DAVID R 409 S.W. 4 ST. BOYNTON BCH. FL 33435				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3-31-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PD SYRKUS, DAVID	409 S.W. 4 ST.	BOYNTON BCH. FL 33435		PD Ewidon Bant	7500 N.W. 61 Ter	Parkland FL 33067
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	VD LAWRENCE, CYNTHIA	1805 18TH LN	GREENACRES FL 33463		VP Karen Thompson	2793 Floral Rd	Leonten FL 33462
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	SD RUBIN, LARRY	4070 WATERWAY DR.	LAKEWORTH FL 33461		VP Lutz, Nancy	919 N.W. 8th St	Boynton Bch, FL 33426
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	TD RIESTER, WILLIAM	4070 WATERWAY DR.	LAKEWORTH FL 33461		TD Webb, KAREN	9281 Corral View	Lake Worth, FL 33467
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	D WOODFELL, ROBERTA	11110 SUMMIT PLACE CIR.	W. PALM BCH FL 33415				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation to be receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, given an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: **3-31-97 561-642-0566**

CR2E037 (9/96)