

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736142 (1)
1. Corporation Name
PARENT RESOURCE CENTER, INC.



Principal Place of Business: **42 E. JACKSON STREET ORLANDO FL 32801 US**
Mailing Address: **42 E. JACKSON STREET ORLANDO FL 32801 US**

3. Date Incorporated or Qualified: **06/17/1984**
3a. Date of Last Report: **03/30/1995**
4. FEI Number: **59-1683181**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
City & State, Suite, Apt. #, etc., Zip, Country

9. Name and Address of Current Registered Agent
**HULL, MIRIAM
42 EAST JACKSON ST
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name: **INA REDD DENTON**
82 Street Address (P.O. Box Number is Not Acceptable): **42 EAST JACKSON STREET**
83
84 City: **ORLANDO** FL 85 Zip Code: **32801**

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: **INA REDD DENTON** *Ina Redd Denton* 4-3-96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | ECKMAIR, BRENDA | |
| STREET ADDRESS | 6700 FORUM DR | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | COLLINS, VALERIE | |
| STREET ADDRESS | 5900 LAKE ELLENOR DRIVE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | NEEL, AMANDA | |
| STREET ADDRESS | 200 S. ORANGE AVE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | KESSLER, KAREN | |
| STREET ADDRESS | 2501 N. ORANGE AVE. #340 | |
| CITY-ST-ZIP | ORLANDO FL 32804 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | FOREMAN, STEPHEN | |
| 1.3 STREET ADDRESS | 305 DOUGLAS AVE. | |
| 1.4 CITY-ST-ZIP | ALTAMONTE SPRINGS, FL | |
| 2.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | SLAUGHTER, BOSCO | |
| 2.3 STREET ADDRESS | 13950 John Young Pkwy | |
| 2.4 CITY-ST-ZIP | Orlando, FL | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | KESLER, KAREN | |
| 4.3 STREET ADDRESS | 2501 N. ORANGE AVE., #340 | |
| 4.4 CITY-ST-ZIP | ORLANDO, FL 32804 | |
| 5.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | STONE, LINDA PH.D. | |
| 5.3 STREET ADDRESS | 925 S. DENNING DRIVE, SUITE 3 | |
| 5.4 CITY-ST-ZIP | WINTER PARK, FL 32789 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or the 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, or on an attachment with an address.

SIGNATURE: **Stephen F. Foreman** *Stephen F. Foreman* 4-3-96 407-425-3663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)