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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 760074 (5)

1. Corporation Name

PARENTS WITHOUT PARTNERS NORTH BROWARD CHARTER N  
O. 1129, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 981 SW 71ST AVE N LAUDERDALE FL 33068 US	Mailing Address P O BOX 63-6087 MARGATE FL 33063 US
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3. Date Incorporated or Qualified 09/17/1981	3a. Date of Last Report 04/08/1994
4. FEI Number 59-1225577	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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

GELLERT, MICHAEL S  
6731 N W 6TH COURT  
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	HERTZFIELD, LEONARD	11 TITLE PD	ARES: HERTZFIELD, LEONARD
NAME	8601 NW 34TH PL, 208A	12 NAME	8601 NW 34TH PL, 208A
STREET ADDRESS	SUNRISE FL	13 STREET ADDRESS	SUNRISE, FLORIDA
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	VD	21 TITLE VD	VIA ARES:
NAME	CRUMBLY, HOMER C	22 NAME	FINDERSEN, JOAN
STREET ADDRESS	341 KATHY LANE	23 STREET ADDRESS	8846 W McNAB RD #9-204
CITY - ST - ZIP	MARGATE FL	24 CITY - ST - ZIP	TAMPA, FLORIDA 33321
TITLE	SD	31 TITLE SD	SRT:
NAME	QUINNAN, MARIA	32 NAME	GRANT, ANNE L S
STREET ADDRESS	6549 BLVD OF CHAMPIONS	33 STREET ADDRESS	4720 NW 48TH AVE
CITY - ST - ZIP	N LAUDERDALE FL	34 CITY - ST - ZIP	TAMPA, FLORIDA 33319
TITLE	TD	41 TITLE TD	TRES:
NAME	KEWER, SHIRLEY	42 NAME	FELDMAN, IRVING
STREET ADDRESS	7508 NW 77 AVE	43 STREET ADDRESS	7104 NW 73RD STREET
CITY - ST - ZIP	TAMARAC FL	44 CITY - ST - ZIP	TAMPA, FLORIDA 33321
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: Irving Feldman 4-13-95 726-1377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 IRVING FELDMAN