FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
May 18 1998 8:00am
Secretary of State

DOCUMENT # **760074** **(5)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
7640 SOUTHGATE BLVD BAY 1 NORTH LAUDERDALE FL 33068 US	P.O. BOX 93-6097 MARGATE FL 33093 US

3. Date Incorporated or Qualified: 09/17/1981

4. FEI Number: 59-1225577 — [ ] Applied For [ ] Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [ ] Yes [ ] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

BERNIER, RUTH
5071 W OAKLAND PARK BLVD G311
LAUDERDALE LAKES FL 33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	BERNIER, RUTH		1.2 NAME		
STREET ADDRESS	5071 W OAKLAND PARK BLVD G311		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL		1.4 CITY-ST-ZIP		
TITLE	VD	[X] DELETE	2.1 TITLE	VP DIRECTOR	[ ] Change [X] Addition
NAME	QUINNAN, MARIA		2.2 NAME	Boone, TYRONE	
STREET ADDRESS	6549 BLVD OF CHAMPIONS		2.3 STREET ADDRESS	5071 W. OAKLAND PARK BLVD G 311	
CITY-ST-ZIP	NORTH LAUDERDALE FL		2.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33313	
TITLE	SD	[X] DELETE	3.1 TITLE	SECRETARY (DIRECTOR)	[ ] Change [X] Addition
NAME	HENDRICKS, MARLENE		3.2 NAME	HILDA DORAN	
STREET ADDRESS	7525 NW 61ST TERR #1201		3.3 STREET ADDRESS	741 BANKS ROAD	
CITY-ST-ZIP	PARKLAND FL		3.4 CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	[X] DELETE	4.1 TITLE	TREASURER (DIRECTOR)	[ ] Change [X] Addition
NAME	CIBA, JOAN		4.2 NAME	BEATRICE ZALEWITZ	
STREET ADDRESS	6984 NW 5TH CT		4.3 STREET ADDRESS	8060 NW 41ST COURT	
CITY-ST-ZIP	MARGATE FL		4.4 CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	~~DIRECTOR OF MEMBERSHIP~~	[ ] DELETE	5.1 TITLE	DIRECTOR OF MEMBERSHIP	[ ] Change [X] Addition
NAME			5.2 NAME	CAROLYN KUSHNER	
STREET ADDRESS			5.3 STREET ADDRESS	5714 NW 73RD AVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		[ ] DELETE	6.1 TITLE	DIRECTOR OF OPERATIONS	[ ] Change [X] Addition
NAME			6.2 NAME	FRED COCO	
STREET ADDRESS			6.3 STREET ADDRESS	4806 Main Land Drive	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	TAMARAC FL 33319	

14. I 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 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: Ruth Bernier Ruth Bernier — March 1, 1998 — 954-746-6866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073878

CR2E037 (10/97)