

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 11, 2008
Secretary of State**

DOCUMENT# N03000002096

Entity Name: PARENTS UNITED TOGETHER, INC.

Current Principal Place of Business:

241 SW GARDNER TERRACE
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

241 SW GARDNER TERRACE
LAKE CITY, FL 32024

New Mailing Address:

FEI Number: 11-3690345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, NICOLE S
241 SW GARDNER TERRACE
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: MRS. () Delete
Name: BATES, NICOLE S PRESIDE
Address: 241 SW GARDNER TERRACE
City-St-Zip: LAKE CITY, FL 32024 US

Title: MR. () Delete
Name: KELLER, ROBERT V.P
Address: PO BOX 787
City-St-Zip: LAKE CITY, FL 32024 US

Title: MRS. () Delete
Name: KELLER, SHARRIE M TREASUR
Address: P.O. BOX 787
City-St-Zip: LAKE CITY, FL 32024 US

Title: MS. (X) Delete
Name: DURRANCE, STEPHANIE P.R.
Address: 167 SW MEGAN GLEN
City-St-Zip: LAKE CITY, FL 32025

Title: MRS. () Delete
Name: ROBERTS, TINA
Address: 269 HACKNEY TERRACE
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MR. (X) Change () Addition
Name: BATES, JASON V.P
Address: 241 SW GARDNER TERRACE
City-St-Zip: LAKE CITY, FL 32024 US

Title: MRS. (X) Change () Addition
Name: DURRANCE, STEPHANIE TREASUR
Address: 167 SW MEGAN GLEN
City-St-Zip: LAKE CITY, FL 32022 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE BATES

PRES

02/11/2008

Electronic Signature of Signing Officer or Director

_____ Date