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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000000689

1. Corporation Name

THE GREATER DAYTONA/HALIFAX PARENTS WITHOUT PARTNERS, INC.

Principal Place of Business

P O BOX ~~1185~~ 1185
 DAYTONA BEACH FL 32120-1941 1185

Mailing Address

P O BOX ~~1185~~ 1185
 DAYTONA BEACH FL 32120-1941 1185



2. Principal Place of Business

21 Po Box 11185
 Suite, Apt. #, etc.

2a. Mailing Address

26 Po Box 11185
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
 02/05/1997

4. FEI Number
 59-3244285

Applied For
 Not Applicable

City & State

23 Daytona Beach FL
 Zip Country

City & State

28 Daytona Beach FL
 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 32120-1185 25 US

29 32120-1185 30 US

9. Name and Address of Current Registered Agent

TOBIN, JAMES H
 2800 N ATLANTIC AVE #703
 DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name MERRILEE AMES
 82 Street Address (P.O. Box Number is Not Acceptable) 6630 ENGRAM RD
 83
 84 City NEW SMYRNA BEACH FL 85 Zip Code 32169

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 *Merrilee K. Ames*
 Signature, typed or printed name of registered agent and title if applicable.

1-10-99
 DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
P	TOBIN, JAMES H	2800 N ATLANTIC AVE #703	DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/>
VD	ARNOLD, ANN	1709 QUEEN PALM DR	EDGEWATER FL 32132	<input checked="" type="checkbox"/>
VPM	EYRE, DIANE	26 STRATFORD PLACE	ORMOND BEACH FL 32174	<input type="checkbox"/>
SD	SHERIDAN, ANNE	601 BILL FRANCE BLVD, #170	DAYTONA BEACH FL 32114	<input type="checkbox"/>
TD	SIGLER, KIM	576 CAMBRIDGE CIR	SOUTH DAYTONA FL 32119	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT	AMES, MERRILEE	6630 ENGRAM RD	NEW SMYRNA BEACH FL 32169	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VICE PRESIDENT - SECT	ANNE SHERIDAN	601 BILL FRANCE BLVD #170	DAYTONA BEACH FL 32114	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VICE PRESIDENT - MEMBERSHIP	JOHN MISTICO	170 WINDSOR DR	PORT ORANGE FL 32119	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VICE PRESIDENT PROGRAMS + EDUCATION	DIANE EYRE	145 N HALIFAX AVE #711	DAYTONA BEACH FL 32119	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TREASURER	SIGLER, KIM	576 CAMBRIDGE CIR	SOUTH DAYTONA FL 32119	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Merrilee K. Ames*
 SIGNATURE REQUIRED

1-10-99
 (904) 423-5557
 (904) 424-2202
 Date Daytime Phone #

CR2E037 (11/98)