FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 APR 27 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **727968** **(0)**

1. Corporation Name

PARENTS WITHOUT PARTNERS, GOLD COAST CHAPTER 248 INC.

600001469176
-05/01/95--01049--007
*****68.75 *****68.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
809 ROBINSON ROAD P.O. BOX 2757 BOCA RATON, FL 33427-2757 DEERFIELD BEACH FL 33441	809 ROBINSON ROAD P.O. BOX 2757 BOCA RATON, FL 33427-2757 DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified: 11/07/1973
3a. Date of Last Report: 04/08/1994
4. FEI Number: 23-7011519 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

LEES, SHARON
2110 NW 45 AVE
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

81 Name: Sheila Thomas
82 Street Address (P.O. Box Number is Not Acceptable): 299 NE 20th ST
83: Boca Raton, FL
84 City: FL 85 Zip Code: 33431

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: Sheila Thomas TREASURER MAR 8 1995
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 1994	1.1 TITLE	PD PD President 1995 ☒ Change ☐ Addition
NAME	DRUSKIN, MALA	1.2 NAME	Dick Behrens
STREET ADDRESS	5181 CASA REAL DR	1.3 STREET ADDRESS	1501 N.W. 7th
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	Boca Raton, Fl 33486
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	HANKIN, SANDY 1994	2.2 NAME	D Secretary D 1995
STREET ADDRESS	22412 CERVANTES LN	2.3 STREET ADDRESS	Claire West
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	401 N.W. 16th St.
TITLE	TD	3.1 TITLE	Boca Raton, Fl 33432 ☒ Change ☐ Addition
NAME	LEES, SHARON 1994	3.2 NAME	TD Treasurer TD 1995
STREET ADDRESS	2110 NW 45 AVE	3.3 STREET ADDRESS	Sheila Thomas
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	299 N.E. 20th St.
TITLE	D	4.1 TITLE	Boca Raton, FL 33431 ☒ Change ☐ Addition
NAME	ROSENBERG, SUE 1994	4.2 NAME	D V.P. - Membership 1995
STREET ADDRESS	2847 CARAMBOLA CIRCLE S	4.3 STREET ADDRESS	Barbara Freeman
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	116 N. Cortez Dr.
TITLE		5.1 TITLE	Margate, Fl 33068 ☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	$PM 4/27
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Sheila Thomas 3/8/95 (407) 367-1579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

060077

4-24-95

Dear Mr Toner.

Thank you for your kind manner and correct information.

As you know I called

904: 487 6056 - after recording hung up
487 6862 -
488 9000 — kindly answer
488 2781 after recording hung up
487 2252
487 6981

Please mail To me a refund at your convenience

Sheila Thomas Tuso
PWP # 248
(407) 367 1579 WK