

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT #** 727968  
1. Corporation Name

**PARENTS WITHOUT PARTNERS, GOLD COAST CHAPTER  
248, INC.**

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

11/07/1973

3a. Date of Last Report

03/08/1995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 3500 N. E. 16 Terrace  
Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 2757  
Suite, Apt. #, etc.

22 Pompano Beach, FL  
City & State

27 Boca Raton, FL  
City & State

23 Broward  
Zip Country

28 33427-2757 Palm Beach  
Zip Country

24 USA  
25

29 USA  
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Sheila Thomas  
299 N. E. 20th Street  
Boca Raton, FL 33431

81 Name  
John Spitzberg  
82 Street Address (P.O. Box Number is Not Acceptable)  
2639 N. Riverside Dr. #301  
83 Pompano Beach, FL 33062  
84 City

FL 85 Zip Code  
33062

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

*John Spitzberg*

John Spitzberg - President

4/6/96

(Signature of agent or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	Dick Behrens	
STREET ADDRESS	1601 N. W. 7th	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	Claire West	
STREET ADDRESS	401 N. W. 16th St.	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	Sheila Thomas	
STREET ADDRESS	299 N. E. 20th ST.	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	Barbara Freeman	
STREET ADDRESS	116 N. Cortez Dr.	
CITY-ST-ZIP	Margate, FL 33968	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	John Spitzberg	
13 STREET ADDRESS	2639 N. Riverside Dr. #301	
14 CITY-ST-ZIP	Pompano Beach, FL 33062	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	J. W. Smith	
23 STREET ADDRESS	200 28th Road	
24 CITY-ST-ZIP	Boca Raton, FL 33431	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Laona Allen	
33 STREET ADDRESS	3402 Deercreek Palladian Circle	
34 CITY-ST-ZIP	Deerfield Beach, FL 33442	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	200001781482	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-04/16/96--01017--020	
63 STREET ADDRESS	***61.25	
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:

*John Spitzberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN SPITZBERG

4/6/96 (94) 783-9381  
Date Daytime Phone #

CR2E037 (12/95)

4-15-96 JR