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Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727968 (0)**  
1. Corporation Name  
**PARENTS WITHOUT PARTNERS, GOLD COAST CHAPTER 248, INC.**

Principal Place of Business  
**6900 NE 16 TERRACE  
POMPANO BEACH FL 33441**

Mailing Address  
**P.O. BOX 2757  
BOCA RATON FL 33427-2757**



2. Principal Place of Business <b>21 3701 N.E. 18 TERRACE</b> Suite, Apt. #, etc. <b>22 POMPANO BEACH</b> City & State <b>23 FLORIDA</b> Zip <b>24 33064</b>		2a. Mailing Address <b>26 SAME</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>25 USA</b>		3. Date Incorporated or Qualified <b>11/07/1973</b>		3a. Date of Last Report <b>04/15/1996</b>	
				4. FEI Number <b>23-7011519</b>		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SPITZBERG, JOHN 2639 N. RIVERSIDE DR. #301 POMPANO BEACH FL 33062</b>				10. Name and Address of New Registered Agent <b>81 Name Jeffrey Oshinsky</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 356 H Burgundy Avenue</b> <b>83 Delray Beach, FL 33484</b> <b>84 City Delray Beach, FL 85 Zip Code 33484</b>			
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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 *Jeffrey Oshinsky* **JEFFREY OSHINSKY** **MARCH 21, 1997**  
(NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPITZBERG, JOHN 2639 N. RIVERSIDE DR. #301 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Jeffrey Oshinsky 356 H Burgundy Avenue Delray Beach, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, J.W. 200 28TH RD. BOCA RATON FL 33431 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN, LAONA 3402 DEERCREEK PALLADIAN CIR. DEERFIELD BEACH FL 33442 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREEMAN, BARBARA 116 N. CORTE DR MARGATE FL 33068 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	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 do 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 *Jeffrey Oshinsky* **JEFFREY OSHINSKY** **MARCH 21, 1997** **56100 2100**

CR2E037 (9/96)