

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90012 048 \*\*\*\*70.00

**DOCUMENT # 727968**

1. Entity Name

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



Principal Place of Business

**3701 N.E. 18 TERRACE  
POMPAN BEACH FL 33064  
US**

Mailing Address

**3701 N.E. 18 TERRACE  
POMPAN BEACH FL 33064  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSHINSKY, JEFFREY A  
3810 NW 4TH AVE  
POMPANO BEACH FL 33064**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **OSHINSKY, JEFFREY A**  
STREET ADDRESS **3810 NW 4TH AVE**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **ELLISON, JEANETTE**  
STREET ADDRESS **3921 S.W. 59TH AVE.**  
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☐ Change ☐ Addition  
NAME **REATRICE ZALEWICH**  
STREET ADDRESS **8060 NW 41 ST.**  
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **S** ☐ Delete  
NAME **BENINGTON, CONNIE**  
STREET ADDRESS **4751 NW 10TH CT #102**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33313**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **LENARD AZBELL**  
STREET ADDRESS **7500 NW 4TH PL #106**  
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/04**  
Date

**954-788-6693**  
Daytime Phone #