

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90148 023 \*\*\*\*61.25

<b>DOCUMENT # 727968</b>			
1. Entity Name <b>PARENTS WITHOUT PARTNERS, GOLD COAST CHAPTER 248, INC.</b>			
Principal Place of Business <b>3701 N.E. 18 TERRACE POMPAN BEACH FL 33064 US</b>		Mailing Address <b>3701 N.E. 18 TERRACE POMPAN BEACH FL 33064 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent <b>BENINGTON, CONNIE 4751 NW 10TH CT, #2-102 PLANTATION FL 33313</b> <i>Delete</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>CONNIE BENINGTON</u> DATE <u>4-22-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. BENINGTON, CONNIE 4751 NW 10TH CT, #2-102 PLANTATION FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERESA "NINA" KONDRIK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6704 N.W. 29 ST. MARGATE, FL. 33063 (PRESIDENT)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. ZALEWITZ, BEATRICE 8060 NW 41 COURT. FORT LAUDERDALE FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gloria Morris (Tres.) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6421 N.W. 28 ST. MARGATE - FL. 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. DAVITIAN, SAHAK 5826 ATLANTA ST HOLLYWOOD FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Teresa "Nina" Kondrick, President 4-22-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #