


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90013 035 \*\*\*\*61.25

<b>DOCUMENT # 727968</b> 1. Entity Name PARENTS WITHOUT PARTNERS, GOLD COAST CHAPTER 248, INC.					
Principal Place of Business 4751 NW 10TH COURT, #2-102 PLANTATION, FL 33313 US			Mailing Address 4751 NW 10TH COURT, #2-102 PLANTATION, FL 33313 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 73-7011519	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BENINGTON, CONNIE 4751 NW 10TH COURT, #2-102 PLANTATION, FL 33313			Name <u>SALEWITZ Beatrice</u> Street Address (P.O. Box Number is Not Acceptable) <u>3670 INVERARRY DR Apt 1A</u> <u>LAUDERHILL FL</u> City <u>LAUDERHILL</u> FL Zip Code <u>33319</u>		
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>Beatrice Salewitz Pres.</u> DATE <u>2/24/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALEWETZ, BEATRICE		NAME	SALEWITZ Beatrice	
STREET ADDRESS	5670 INVERARRY DR APT 1 G		STREET ADDRESS	3670 INVERARRY DR APT 1A	
CITY-ST-ZIP	LAUDERHILL, FL 33319		CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, GLORIA		NAME	Kushner Carolyn	
STREET ADDRESS	2700 NW 99 AVE APT B 630		STREET ADDRESS	5714 NW 4th Ave	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	HORSLEY, CONNIE S		NAME		
STREET ADDRESS	2481 NE 2ND AVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>BEATRICE SALEWITZ</u> DATE <u>2/24/08</u> DAYTIME PHONE # <u>954-676-9912</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					