

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996-2496 B- 4410 C

DOCUMENT # 729925 (8)

1. Corporation Name

PARENTS WITHOUT PARTNERS, CHAPTER 338, INCORPORATED

Principal Place of Business

4410 N. BANANA RIVER BLVD
COCOA BEACH FL 32931
US

Mailing Address

890 N. BANANA RIVER DR
P.O. BOX 541847
MERRITT ISLAND FL 32952



3. Date Incorporated or Qualified
06/11/1974

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 890 N. BANANA RIVER DR.

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 541847

Suite, Apt. #, etc.

4. FEI Number
23-7371408

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

City & State

23 MERRITT ISLAND, FL

Zip

24 32952

Country

25 USA

City & State

28 MERRITT ISLAND, FL

Zip

29 32952

Country

30 USA

10. Name and Address of New Registered Agent

81 Name

SAMUEL D. TURNER JR.

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

1037 SOUTH BREVARD AVE.

83

84 City

COCOA BEACH

FL

85 Zip Code

32931

HUTHSTEINER, GUSTAVE
2256 MIMOSA AVE
MERRITT ISLAND FL 32953

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUTHSTENER, GUSTAVE H	
STREET ADDRESS	2256 MIMOSA AVENUE	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JARVIS, MARGARET	
STREET ADDRESS	435 CATAMARAN #53	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	OKTAR, MARY	
STREET ADDRESS	155 SEA BREEZE CIRCLE	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, DAVE	
STREET ADDRESS	1039 S. BREVARD AVENUE	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	WILLIAM OEDEN	
13 STREET ADDRESS	49 SOUTH CARVER DRIVE	
14 CITY - ST - ZIP	CAPE CANAVERAL, FL 32920	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JONI AUSERMAN	
23 STREET ADDRESS	215 BULLANEER AVE., APT 206	
24 CITY - ST - ZIP	MERRITT ISLAND, FL 32952	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ROBERT SIMMS	
33 STREET ADDRESS	1100 SOUTH BANANA RIVER DR.	
34 CITY - ST - ZIP	MERRITT ISLAND, FL 32952	
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SAMUEL D. TURNER JR.	
43 STREET ADDRESS	1037 SOUTH BREVARD AVE.	
44 CITY - ST - ZIP	COCOA BEACH, FL 32931	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-783-7374

CR2E037 (12/95)