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 DOCUMENT #

(6)

PARENTS WITHOUT PARTNERS GASPARILLA CHAPTER NO. 620, INC.

Principal Place of Business

Mailing Address

DA BAY BOAS

D A DAY 9905

APPROVED AND FILED

96 SEP 13 PM 12: 01

SECRETARY OF STATE TACLAMASSEE, FLORIDA



TAMPA FL 33674		TAMPA FL 33674					
					3. Date Incorporated or Qualified 10/14/1974	3a. Date of 05/1	Last Report 5/1995
2. Principal Pla	ace of Business	2a. Malling Address .			4. FEI Number 23-7267772		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	11	3.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$	5.00 May Be
Zip 24	Country 25	Zip Country 29 · 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes You You You You You You You Yo		
	9. Name and Address of Current	11	1301	-	10. Name and Address of New Re		t
			81	Name			
LEMPART, LAWRENCE A				Oi-ran i	Address (P.O. Box Number is Not Acceptable		
1601 W.	SLIGH AVENUE		62	Street	Address (P.O. Box Number is Not Acceptable		
TAMPA F	·L 33604		83	<u> </u>			1 7: 0-4
			64	City		FL 85	Zip Code
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. Thereby 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							
12.			13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD PNAT ANA	DELETE	1.1 TITLE		President D	√ Z [©] ha	inge 🖸 Addition
NAME	DIAZ, ANA		1.2 NAME	}	sharon L. Cardone. 1804 milleun Cucle		
STREET ADDRESS	311 MINNEHAHA STREET TAMPA FL 33604		1.3 STREE	ADDRESS			
CITY-ST-ZIP	SD SD			ST-ZIP	Tampa, PL 33613		
TITLE	Harris, nikki	S MIKKI 2:11			Secretary	Deh	inge 🔲 Addition
NAME	6700 DDANOU AVENUE		2.2 NAME	- 1	Susan Phillips		
STREET ADDRESS	TAMPA FL 33604				3409 Douglas St.	4	
CITY-ST-ZIP			2. 4 CITY- 3.1 TITLE	ST-ZIP	Tampa, FL 33607		inge Addition
TITLE NAME	WILLIAMS DEDDA		3.1 HILE 3.2 NAME		Treasurer Neil Saperstein		inge Li Addition
STREET ADDRESS	ARON CHRITANINEE AVENUE			ADORESS	Neil Saperstein 7		
CITY-ST-ZIP	TAMPA FL 33603		3.4. CITY-	- !	Tampa F1 231024	L	
TITLE		DELETE	4.1 TITLE	31-21	1011pa P1 33007	Cha	inge Addition
NAME		_	4.2 NAME	- 1			
STREET ADDRESS				ADORESS			
CITY-ST-ZIP			4.4 CITY-5				
TITLE		DELETE	5.1 TITLE		-	☐ Cha	inge Addition
NAME			5.2 NAME			_	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-5				
TITLE		DELETE	6.1 TITLE	İ		☐ Cha	inge 🔲 Addition
NAME			6.2 NAME				~1
STREET ADDRESS			6.3 STREET	ADDRESS	Q. L.	10	#
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP	100mk desc	at '	101:00
	y certify that the information supplied wi	th this filing is voluntarily furnis			ify for the exemption stated in Section 119.0	7(3)(k), Flörida S	statutes. I further

certify that the information inclined an experience 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 Bloch 13 if changed, or on an attachment with an address.

Shakon L. Cardone