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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730920 (6)
1. Corporation Name
PARENTS WITHOUT PARTNERS GASPARILLA CHAPTER NO. 620, INC.



Principal Place of Business Mailing Address
P.O. BOX 8805 TAMPA FL 33674 P.O. BOX 8805 TAMPA FL 33674-8805

3. Date Incorporated or Qualified 10/14/1974 3a. Date of Last Report 09/13/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number 23-7267772	Applied For Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip Country	Zip Country	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEMPART, LAWRENCE A 1601 W. SLIGH AVENUE TAMPA FL 33604				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CARDONE, SHARON L.		1.2 NAME				
STREET ADDRESS	1804 MILL RUN CIRCLE		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33613		1.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PHILLIPS, SUSAN		2.2 NAME	SD			
STREET ADDRESS	3409 DOUGLAS STREET		2.3 STREET ADDRESS	WILLIAMS, DEBRA			
CITY-ST-ZIP	TAMPA FL 33607		2.4 CITY-ST-ZIP	4920 SUWANEE AVE			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SAPERSTEIN, NEIL		3.2 NAME	CRANE BROOKS, CRAIG			
STREET ADDRESS	16047 DAWNVIEW DE		3.3 STREET ADDRESS	8421 BARCELONA DR			
CITY-ST-ZIP	TAMPA FL 33624		3.4 CITY-ST-ZIP	TAMPA, FL 33614			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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 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: *Sharon L. Cardone* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/2/97 (813) 229-1111 Daytime Phone # 0049132

CR2E037 (9/96)