

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90050 007 ****61.25

DOCUMENT # 730920

1. Corporation Name

**PARENTS WITHOUT PARTNERS GASPARILLA CHAPTER NO.
620, INC.**

Principal Place of Business

P.O. BOX 8805
TAMPA FL 33674

Mailing Address

P.O. BOX 8805
TAMPA FL 33674



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-7267772	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

**LEMPART, LAWRENCE A
1601 W. SLIGH AVENUE
TAMPA FL 33604**

10. Name and Address of New Registered Agent

81 Name

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

83

84 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. 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDONE, SHARON L	1.2 NAME	Melody Hutton
STREET ADDRESS	1804 MILL RUN CIRCLE	1.3 STREET ADDRESS	8818 D Crestview Dr
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	TAMPA FLA 33604
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS DEBRA	2.2 NAME	JAMES MITCHELL
STREET ADDRESS	4920 SUWANNEE AVE	2.3 STREET ADDRESS	16915 Filly Lane
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Odessa, FLA 33554
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, CRAIG	3.2 NAME	TESSA JUDD
STREET ADDRESS	13608 SO VILLAGE DR #8106	3.3 STREET ADDRESS	15419 Plantation Oaks Dr 16
CITY-ST-ZIP	TAMPA FL 33624	3.4 CITY-ST-ZIP	TAMPA, FL 33647
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-615-0575

Daytime Phone #

CR2E037 (11/98)