

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# 730920

Entity Name: PARENTS WITHOUT PARTNERS GASPARILLA CHAPTER NO. 620, INC.

**Current Principal Place of Business:**

P.O. BOX 8805  
TAMPA, FL 33674

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8805  
TAMPA, FL 33674

**New Mailing Address:**

FEI Number: 23-7267772      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: PIERCE, HARRY E  
Address: P.O. BOX 8521  
City-St-Zip: TAMPA, FL 33674

Title: PD ( ) Delete  
Name: OLIVIER, PLINY  
Address: 1920 SARAH LOUISE DR  
City-St-Zip: BRANDON, FL 33510

Title: VD ( ) Delete  
Name: ARNOLD, ELIZABETH  
Address: 1331 OEW BLOOM RD  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: FARRIS, VICTOR  
Address: 1510 W. RIO VISTA AVE.  
City-St-Zip: TAMPA, FL 33603

Title: PD (X) Change ( ) Addition  
Name: ARNOLD, ELIZABETH  
Address: 1331 DEW BLOOM RD  
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAAEY E. PIERCE

TD

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date