

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90035 049 ****61.25

DOCUMENT # 731159

1. Entity Name

PARENTS WITHOUT PARTNERS, GREATER HOLLYWOOD
CHAPTER NO. 125, INC.



Principal Place of Business

18871 NW 2ND STREET
PEMBROKE PINES FL 33029

Mailing Address

18871 NW 2ND STREET
PEMBROKE PINES FL 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7188602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRIDOS, MARIE
18871 NW 2ND STREET
PEMBROKE PINES FL 33029

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, DEBBIE	
STREET ADDRESS	311 NW 87TH DR #207	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRIDOS, MARIE	
STREET ADDRESS	18871 NW 2ND ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDY, ROCHELLE	
STREET ADDRESS	6017 NW 78TH TERRACE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BERUBI, NORMAN	
STREET ADDRESS	11919 SHERMAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Miller, Deborah	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 NW 76 AVE #104	
STREET ADDRESS	Plantation FL 33324	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	LANDY, ROCHELLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7103 NW 78TH AVE	
STREET ADDRESS	TAMARAC FL 33321	
CITY-ST-ZIP		
TITLE	V.P. COLLIE, RAYMOND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6614 N.W. 95TH AVE	
STREET ADDRESS	TAMARAC, FL 33321	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marie Kridos* **MARIE KRIDOS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05
Date

(954) 433-8220
Daytime Phone #