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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732039 (3)
1. Corporation Name
PARENTS WITHOUT PARTNERS, FORT LAUDERDALE, CHAPT
ER NO. 157, INC.

Principal Place of Business Mailing Address
5480 N. STATE RD. #7 PO BOX 8801
FT. LAUDERDALE FL 33310 FT LAUDERDALE FL 33310
US US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified

03/04/1975

4. FEI Number

23-7011505

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROURUE, THOMAS O PA
1886 N UNIVERSITY DR
PLANTATION FL 33322

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

TITLE D ☐ DELETE
NAME DURINSKI, DEBBIE
STREET ADDRESS 1749 SW 81ST LANE
CITY-ST-ZIP DAVIE FL 33324

TITLE P ☒ DELETE
NAME BRADFORD, ROGER
STREET ADDRESS 1350 NE 36TH STREET
CITY-ST-ZIP POMPANO BEACH FL

TITLE VP ☒ DELETE
NAME SCHULER, CHARLES F
STREET ADDRESS 8314 SW 26 PLACE
CITY-ST-ZIP DAVIE FL 33328

TITLE D ☒ DELETE
NAME PAULINEK, MARY
STREET ADDRESS 8314 SW 26 PLACE
CITY-ST-ZIP DAVIE FL 33328

TITLE T ☒ DELETE
NAME HANDLEY, JR., JOHN H
STREET ADDRESS 220 NE 40TH ST #3
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE D ☒ DELETE
NAME HIGGINS, HEATHER
STREET ADDRESS 1350 NE 50TH CT, APT. 202
CITY-ST-ZIP OAKLAND PARK FL 33334

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D TREASURER ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D PRESIDENT ☐ Change ☒ Addition
2.2 NAME JOHN LAUFFER
2.3 STREET ADDRESS 1381 NW 14 AVENUE
2.4 CITY-ST-ZIP POMPANO BEACH FL 33069

3.1 TITLE D SECRETARY ☐ Change ☒ Addition
3.2 NAME SHELIA CONOVER
3.3 STREET ADDRESS 2250 NE 35 COURT
3.4 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

4.1 TITLE D ADMINISTRATIVE VICE PRES ☐ Change ☒ Addition
4.2 NAME DORIS MORAN
4.3 STREET ADDRESS 9301 SUNRISE LAKES BLVD, #109
4.4 CITY-ST-ZIP SUNRISE FL 33328

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: *Shelia Conover* 2/19/97 954-783-9680

CP2E037 (10/97)