

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90130 031 ****70.00

08-30-1999 90004 008 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 732039

1. Corporation Name

**PARENTS WITHOUT PARTNERS, FORT LAUDERDALE, CHAPT
ER NO. 157, INC.**

Principal Place of Business

5480 N. STATE RD. #7
FT. LAUDERDALE FL 33310
US

Mailing Address

PO BOX 8801
FT LAUDERDALE FL 33310
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

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

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ROURUE, THOMAS O PA~~
~~4880 N UNIVERSITY DR~~
~~PLANTATION FL 33322~~

81 Name

GAYE MINECHELLI

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

1222 CHLIPPEWA STREET

83

84 City

JUPITER, FL

FL

85 Zip Code

33458

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]

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 **DT** ☐ DELETE

NAME **DURINSKI, DEBBIE-**
STREET ADDRESS **1749 SW 81ST LANE**
CITY-ST-ZIP **DAVIE FL 33324**

TITLE **DP** ☐ DELETE

NAME **LAUFFER, JOHN-**
STREET ADDRESS **1321 NW 14TH AVE**
CITY-ST-ZIP **POMPAHO BEACH FL 33069**

TITLE **SD** ☐ DELETE

NAME **CONOVER, SHELIA-**
STREET ADDRESS **2250 NE 35TH COURT**
CITY-ST-ZIP **HIGHHOUSE POINT FL 33064**

TITLE **DVP** ☐ DELETE

NAME **MORAN, DORIS-**
STREET ADDRESS **9301 SUNRISE LAKES BLVD #10**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Bill Wallace, Treasurer** ☐ Change ☐ Addition

1.2 NAME **8470 SW 156 CT. #206**

1.3 STREET ADDRESS **Miami, FL 33193**

1.4 CITY-ST-ZIP

2.1 TITLE **JAMIE Patacci, Pres** ☐ Change ☐ Addition

2.2 NAME **5780 Rock Island Rd #342**

2.3 STREET ADDRESS **Tamarac, FL 33319**

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **LAWRENCE GOLDSTEIN**

4.3 STREET ADDRESS **8711 NW 92 AVE**

4.4 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRES 5-10-99

954-77-3381

Date Daytime Phone #

0005186

CR2E037 (5/99)