



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90504 049 ****61.25

DOCUMENT # 732039					
1. Entity Name PARENTS WITHOUT PARTNERS, FORT LAUDERDALE, CHAPTER NO. 157, INC.					
Principal Place of Business 2847 CARAMBOLA CIRCLE COCONUT CREEK, FL 33066 US			Mailing Address 2847 CARAMBOLA CIRCLE COCONUT CREEK, FL 33066 US		
2. Principal Place of Business 18871 NW 2nd ST Suite, Apt. #, etc.		3. Mailing Address 18871 NW 2nd ST Suite, Apt. #, etc.			
City & State PEBBROKE PINES FL		City & State PEBBROKE PINES FL		4. FEI Number 23-7011505	
Zip 33029		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENBERG, SUE 2847 CARAMBOLA CIRCLE COCONUT CREEK, FL 33066			7. Name and Address of New Registered Agent Name <u>ROWENA BENNETT</u> Street Address (P.O. Box Number is Not Acceptable) <u>18871 NW 2nd ST</u> City <u>PEBBROKE PINES</u> <u>FL</u> <u>33029</u>		
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 <u>Rowena Bennett</u> <u>ROWENA BENNETT</u> <small>Signature, typed or printed name of registered agent and entity if applicable.</small>				DATE <u>4/23/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP NAME DICKSON, THOMAS STREET ADDRESS 11610 NW 20TH CT CITY- ST- ZIP PLANTATION, FL 33323	<input checked="" type="checkbox"/> Delete		TITLE V. NAME DEBRASCHWARTZ STREET ADDRESS 554 NW 108 AVE CITY- ST- ZIP CORAL SPRINGS FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DV NAME PERRY, MARGIE STREET ADDRESS 5801 RIVERSIDE DR # 201 CITY- ST- ZIP CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete		TITLE D.S. NAME STREET ADDRESS CITY- ST- ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME ROSENBERG, MERLE STREET ADDRESS P.O. BOX 25887 CITY- ST- ZIP TAMARAC, FL 33320	<input type="checkbox"/> Delete		TITLE D.P. NAME STREET ADDRESS CITY- ST- ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DAVITIAN, SAHAK STREET ADDRESS 5826 ATLANTA ST. CITY- ST- ZIP HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Margie Perry</u> <u>D.S.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4/23/05</u> (954) 477-8220 <small>Daytime Phone #</small>	