



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90302 003 ****61.25

DOCUMENT # 732039 1. Entity Name PARENTS WITHOUT PARTNERS, FORT LAUDERDALE, CHAPTER NO. 157, INC.					
Principal Place of Business 18871 NW 2ND STREET HOLLYWOOD, FL 33029 US			Mailing Address 18871 NW 2ND STREET HOLLYWOOD, FL 33029 US		
2. Principal Place of Business 6820 NW 43 rd TERR Suite, Apt. #, etc. C-11 City & State COCONUT CREEK, FL Zip 33073 Country USA		3. Mailing Address 6820 NW 43 rd TERR Suite, Apt. #, etc. C-11 City & State COCONUT CREEK, FL Zip 33073 Country USA			
4. FEI Number 23-7011505				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BENNETT, ROWENA 18871 NW 2ND STREET PEMBROKE PINES, FL 33029			7. Name and Address of New Registered Agent 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: ROWENA BENNETT Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 04-27-06					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	V SCHWARTZ, DEBRA 554 NW 108 AVENUE CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROWENA BENNETT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6820 NW 43 rd TERR COCONUT CREEK FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PERRY, MARGIE 5801 RIVERSIDE DR # 201 CORAL SPRINGS, FL 33067 <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	DP ROSENBERG, MERLE P.O. BOX 25887 TAMARAC, FL 33320 <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	D DAVITIAN, SAHAK 5826 ALTANTA ST. 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 exemptions contained in Chapter 119, 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: ROWENA BENNETT Signature and typed or printed name of signing officer or director			04-27-06 954-429-8854 Date Daytime Phone #		