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Secretary of State
05-07-2007 90057 035 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 732039

1. Entity Name
PARENTS WITHOUT PARTNERS, FORT LAUDERDALE, CHAPTER NO. 157, INC.

Principal Place of Business	Mailing Address
6810 NW 43RD TERRACE SUITE C-11 COCONUT CREEK, FL 33073 US	6810 NW 43RD TERRACE SUITE C-11 COCONUT CREEK, FL 33073 US

042G2007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6820 N.W 43RD TERRACE	
Suite, Apt. #, etc. Suite C-11	Suite, Apt. #, etc.
City & State Coconut Creek	City & State FL 33073
Zip / Country	Zip / Country

4. FEI Number
23-7011505
☐ 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
BENNETT, ROWENA 18871 NW 2ND STREET PEMBROKE PINES, FL 33029	Name: ROWENA BENNETT Street Address (P.O. Box Number is Not Acceptable): 6820 N.W 43RD TERRACE SUITE C-11 City: Coconut Creek FL Zip Code: 33073

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BENNETT, ROWENA 6820 NW 43RD TERRACE COCONUT CREEK, FL 33073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PERRY, MARCIE 5801 RIVERSIDE DR # 201 CORAL SPRINGS, FL 33067	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Edith Spyke 14140 S.W 84TH ST #104 Miami Fla
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROSENBERG, MERLE P.O. BOX 25887 TAMARAC, FL 33320	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVITIAN, SAHAK 5826 ALYANTA ST. HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Shirley Rogers 5/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #