FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:58

DOCUMENT # 732814 (9)

1. Corporate Name

PARENTS WITHOUT PARTNERS, SOUTH BREVARD CHAPTER NO. 741, INC.

Principal Place of Business	Mailing Address
PO BOX 1455 MELBOURNE FL 32902-1455	PO BOX 1455 MELBOURNE FL 32902-1455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1975
3a. Date of Last Report: 02/11/1994
4. FEI Number: 23-7419740 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MASON, LAURIE
686 THOMAS JEFFERSON LANE
WEST MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name: Mary Croft
82 Street Address (P.O. Box Number is Not Acceptable): 4309 WELLINGTON RD.
83
84 City: Melbourne FL 85 Zip Code: 32935

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Mary P. Croft (Signature of new Registered Agent) 3-20-95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	MASON, LAURIE	12 NAME	MARY CROFT	
STREET ADDRESS	686 THOMAS JEFFERSON LANE	13 STREET ADDRESS	4309 WELLINGTON RD.	
CITY ST ZIP	W. MELBOURNE FL	14 CITY ST ZIP	MELBOURNE, FL 32935	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	ARNOLD, MARIANNE	22 NAME	RON PARKER	
STREET ADDRESS	434 CAROLINA AVE., NW	23 STREET ADDRESS	60-a WEST OAK DR.	
CITY ST ZIP	PALM BAY FL	24 CITY ST ZIP	~~Satelite Beach, fl 32937~~	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	MACKEY, SUE	32 NAME	DREMA JOHNSON	
STREET ADDRESS	2049 TREVINO CIRCLE	33 STREET ADDRESS	251 NAYLOR AVE.	
CITY ST ZIP	MELBOURNE FL	34 CITY ST ZIP	~~WEST MELB, FL 32904~~	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP	REMITTED BY MAY 1.	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mary P. Croft 3-20-95 (407) 727-3672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038230