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FILED

Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 732814 (9)

1. Corporation Name

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

Principal Place of Business

Mailing Address

PO BOX 1455  
MELBOURNE FL 32902-1455PO BOX 1455  
MELBOURNE FL 32902-14553. Date Incorporated or Qualified  
05/21/19753a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROFT, MARY  
4309 WELLINGTON RD.  
MELBOURNE FL 32935

81 Name

Janice Bridgman

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

2350 Eden Park Drive

83

84 City

Melbourne

FL

85

Zip Code  
32935

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CROFT, MARY	
STREET ADDRESS	4309 WELLINGTON RD.	
CITY-ST-ZIP	MELBOURNE FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JANICE BRIDGHAM	
1.3 STREET ADDRESS	2350 Eden Park Drive	
1.4 CITY-ST-ZIP	Melbourne, FL 32935	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARKER, RON	
STREET ADDRESS	60-A WEST OAK DR	
CITY-ST-ZIP	SATELITE BEACH FL	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Linda Payne	
2.3 STREET ADDRESS	28 McClain Drive	
2.4 CITY-ST-ZIP	West Melbourne, FL 32904	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ORR, LINDA	
STREET ADDRESS	410 HOLIN AVE SW	
CITY-ST-ZIP	PALM BAY FL	

3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ulrike Gillman	
3.3 STREET ADDRESS	4165 Bayberry Drive	
3.4 CITY-ST-ZIP	Melbourne, FL 32901	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice Bridgman

Date

Daytime Phone

407-783-5020

2/13/97

CR2E037 (9/96)