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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32902-1455**

**PO BOX 1455
MELBOURNE FL 32902-1455**



2. Principal Place of Business 21 P.O. Box 3274 Suite, Apt. #, etc. 22 City & State 23 MELBOURNE, FL Zip 24 32902-3274 Country 25 USA	2a. Mailing Address 26 P.O. Box 3274 Suite, Apt. #, etc. 27 City & State 28 MELBOURNE, FL Zip 29 32902-3274 Country 30 USA
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3. Date Incorporated or Qualified

05/21/1975

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BRIDGHAM, JANICE
2350 EDEN PARK DRIVE
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name	PAYNE, LINDA
82 Street Address (P.O. Box Number is Not Acceptable)	28 MCCLAIN DR
83	
84 City	WEST MELBOURNE FL
85 Zip Code	32904

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 Linda P. Payne
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5-30-98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BRIDGHAM, JANICE	1.2 NAME	Webster, Sr., James
STREET ADDRESS	2350 EDEN PARK DRIVE	1.3 STREET ADDRESS	106 Lamplighter St
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL 32934-7253
TITLE	VD	2.1 TITLE	VD
NAME	PAYNE, LINDA	2.2 NAME	PAYNE, LINDA
STREET ADDRESS	28 MCCLAIN DRIVE	2.3 STREET ADDRESS	28 MCCLAIN DRIVE
CITY-ST-ZIP	WEST MELBOURNE FL	2.4 CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE	TD	3.1 TITLE	TD
NAME	GILLMAN, ULRIKE	3.2 NAME	TAYLOR, KIM
STREET ADDRESS	4165 BAYBERRY DRIVE	3.3 STREET ADDRESS	120 OCEANVIEW LANE
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

Linda P. Payne **LINDA P. PAYNE** 4/30/98 407-952-9325
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone # 0018343

CR2E037 (10/97)