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May 10, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 732814

1. Corporation Name

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

Principal Place of Business

P O BOX 3274  
MELBOURNE FL 32902-274  
US

Mailing Address

P O BOX 3274  
MELBOURNE FL 32902-274  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

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

9. Name and Address of Current Registered Agent

PAYNE, LINDA  
28 MCCLAIN DRIVE  
WEST MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name Kim M Taylor  
82 Street Address (P.O. Box Number is Not Acceptable)  
120 Oceanview Lane  
83  
84 City Indialantic FL 85 Zip Code 32903

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

Kim M Taylor

Kim M Taylor

5-3-99

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WEBSTER, SR JAMES	
STREET ADDRESS	106 LAMPLIGHTER STREET	
CITY-ST-ZIP	MELBOURNE FL 32934-7253	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PAYNE, LINDA	
STREET ADDRESS	28 MCCLAIN DRIVE	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, KIM	
STREET ADDRESS	120 OCEANVIEW LANE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charlie O'Neill	
1.3 STREET ADDRESS	2275 Launch Court	
1.4 CITY-ST-ZIP	West Melbourne, FL 32904	
2.1 TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kim Taylor	
2.3 STREET ADDRESS	120 Oceanview Lane	
2.4 CITY-ST-ZIP	Indialantic, FL 32903	
3.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James Webster Sr	
3.3 STREET ADDRESS	106 Lamplighter Street	
3.4 CITY-ST-ZIP	Melbourne, FL 32934	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 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		
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-99 402-222-3418  
Date Daytime Phone #

CR2E037 (11/98)