

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 23 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 735154 (7)
 1. Corporation Name
 PARENTS WITHOUT PARTNERS, CHAPTER NUMBER 186, IN CORPORATED



Principal Place of Business Mailing Address
 P.O. BOX 13541 ST. PETERSBURG FL 33733
 P.O. BOX 13541 ST. PETERSBURG FL 33733

3. Date Incorporated or Qualified
 03/04/1976

4. FEI Number NOT APPLICABLE
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

7. Is this nonprofit corporation a homeowners association? Yes No

24 Zip Country 25 Country 29 Zip Country 30 Country

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
 HUNT, MARIE
 2525-69 AVENUE S.
 ST PETERSBURG FL 33712

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HUNT, MARIE 2525-69 AVENUE S. ST PETERSBURG FL 33712	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT 1.2 NAME KRISTA TYLER 1.3 STREET ADDRESS 442-40 AVE. NO. 1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33703
TITLE	VP OVERBY, LINDA 14799-55 WAY NORTH CLEARWATER FL 34620	<input type="checkbox"/> DELETE	2.1 TITLE VP. MARKETING D 2.2 NAME MARIE HUNT 2.3 STREET ADDRESS 2525-69 AVE. So 2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33712
TITLE	S BROOKS, DIANE 200-72 AVENUE N. ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SECRETARY - DTK. 3.2 NAME KEVIN HIGGS 3.3 STREET ADDRESS 7900 PARK BLVD #104 3.4 CITY-ST-ZIP PINELLAS PARK, FL 33781
TITLE	SD WYATT, DEBORAH K 7372-81ST TERRACE PINELLAS PARK FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SD, VONNIE LILAS 4.2 NAME 4.3 STREET ADDRESS 13800 9th AVE. NO 4.4 CITY-ST-ZIP SEMIWOLE, FL 33776
TITLE	PD LUCAS, TERRI 3645-39TH STREET NORTH ST. PETERSBURG FL 33714	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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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: Marie Hunt 7-9-98 427-864-21795
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)