

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90021 042 ****61.25

DOCUMENT # 735797 1. Entity Name PARENTS WITHOUT PARTNERS SOUTHWEST MIAMI CHAPTER 835, INC.					
Principal Place of Business 12256 S.W. 128 ST. MIAMI FL 33186			Mailing Address P.O. BOX 161386 MIAMI FL 33116-1386 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2064320 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent TOM DAVIS 12256 SW 128 ST. MIAMI FL 331-869y				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Tom Davis</i></u> TOM DAVIS, TREASURER <u>3/5/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENSTEIN, ROBIN		NAME	Shirley GEARY	
STREET ADDRESS	12256 SW 128 ST.		STREET ADDRESS	12256 SW 128 ST.	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, CARMEN		NAME	MARITZA CAMPS	
STREET ADDRESS	12256 SW 128 ST.		STREET ADDRESS	12256 SW 128 ST.	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATURO, MARILYN		NAME	MARISA SAMPSON	
STREET ADDRESS	12256 SW-128 ST.		STREET ADDRESS	12256 SW-128 ST.	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, TOM		NAME		
STREET ADDRESS	12256 SW 128 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOSTY, BEVERLY		NAME	VACANT	
STREET ADDRESS	12256 SW 128 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REYES, IRENE		NAME		
STREET ADDRESS	1226 SW 128 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33180		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Tom Davis</i></u> TOM DAVIS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/5/04</u> 305-443-9353 <small>Date Daytime Phone #</small>		