

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 736142 (1)

1. Corporation Name

PARENT RESOURCE CENTER, INC.



Principal Place of Business

42 E. JACKSON STREET
ORLANDO FL 32801
US

Mailing Address

42 E. JACKSON STREET
ORLANDO FL 32801
US

3. Date Incorporated or Qualified

06/17/1984

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1683181

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HULL, MIRIAM
42 EAST JACKSON ST
ORLANDO FL 32801

81 Name

INA REDD DENTON

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

42 EAST JACKSON STREET

83

84

City
ORLANDO

FL

85 Zip Code
32801

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 INA REDD DENTON

Signature typed or printed name of registered agent and file if applicable

Ina Redd Denton

4-3-96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ECKMAIR, BRENDA	
STREET ADDRESS	6700 FORUM DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, VALERIE	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NEEL, AMANDA	
STREET ADDRESS	200 S. ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KESSLER, KAREN	
STREET ADDRESS	2501 N. ORANGE AVE. #340	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FOREMAN, STEPHEN	
1.3 STREET ADDRESS	305 DOUGLAS AVE.	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SLAUGHTER, BOSCO	
2.3 STREET ADDRESS	13950 John Young Pkwy	
2.4 CITY-ST-ZIP	Orlando, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KESLER, KAREN	
4.3 STREET ADDRESS	2501 N. ORANGE AVE., #340	
4.4 CITY-ST-ZIP	ORLANDO, FL 32804	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STONE, LINDA PH.D.	
5.3 STREET ADDRESS	925 S. DENNING DRIVE, SUITE 3	
5.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Stephen F. Foreman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen F. Foreman

4-3-96

Date

407-425-3663

Daytime Phone #

CR2E037 (12/95)