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Apr 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

42 E. JACKSON STREET
ORLANDO FL 32801
US

42 E. JACKSON STREET
ORLANDO FL 32801-3402
US



3. Date Incorporated or Qualified 06/17/1984
3a. Date of Last Report 04/10/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1683181		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DENTON, INA R
42 EAST JACKSON ST
ORLANDO FL 32801

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City FL	

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

4-9-97

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOREMAN, STEPHEN	1.2 NAME	
STREET ADDRESS	305 DOUGLAS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLAUGHTER, BOSCO	2.2 NAME	
STREET ADDRESS	13950 JOHN YOUNG PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEL, AMANDA	3.2 NAME	
STREET ADDRESS	200 S. ORANGE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESLER, KAREN	4.2 NAME	
STREET ADDRESS	2501 N. ORANGE AVE. #340	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, LINDA	5.2 NAME	
STREET ADDRESS	925 S DENNING DRIVE, SUITE 3	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 STEPHEN E. FOREMAN

4-9-97

407-425-2662

CR2E037 (9/96)