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Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90060 046 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736142

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/17/1984

4. FEI Number

59-1683181

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

DENTON, INA R  
42 EAST JACKSON ST  
ORLANDO FL 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOREMAN, STEPHEN	
STREET ADDRESS	305 DOUGLAS AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HERRING, SCOTT	
STREET ADDRESS	1 MAGIC PLACE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILER, TERRY	
STREET ADDRESS	201 E PINE ST, STE 801	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KESLER, KAREN	
STREET ADDRESS	2501 N. ORANGE AVE. #340	
CITY-ST-ZIP	ORLANDO FL 32804	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	STONE, LINDA	
STREET ADDRESS	925 S DENNING DRIVE, SUITE 3	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FOREMAN, STEPHEN	
1.3 STREET ADDRESS	305 DOUGLAS AVE.	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STONE, LINDA	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Foreman

Date

3-30-99

Daytime Phone #

(407) 425-3663

CR2E037 (11/98)