SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $393)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:27

DOCUMENT # 742525 (9)

1. Corporation Name

PARENTS WITHOUT PARTNERS, IMPERIAL POLK CHAPTER NO. 871, INC.

Principal Place of Business	Mailing Address
5850 CYPRESS GD BLVD APT 403 WINTER HAVEN FL 33884 US	5850 CYPRESS GD BLVD APT 403 WINTER HAVEN FL 33884 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 13-5663691 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 3520 Cleveland Hgts Blvd	26 3520 Cleveland Hgts Blvd
Suite, Apt. #, etc. 22 Apt 117	Suite, Apt. #, etc. 27
City & State 23 Lakeland, Florida	City & State 28 Lakeland, Florida
Zip / County 24 33803 / 25 US	Zip / County 29 33803 / 30 US

9. Name and Address of Current Registered Agent

~~MEDUHO, LISA~~
~~5850 CYPRESS GD BLVD~~
~~APT 403~~
~~WINTER HAVEN FL 33884~~

10. Name and Address of New Registered Agent

81 Name: Fran Bryan
82 Street Address (P.O. Box Number is Not Acceptable): 3520 Cleveland Hghts Blvd
83: Apt 117 - BLDG. 11
84 City: Lakeland — FL — 85 Zip Code: 33803

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: Fran Bryan — FRAN BRYAN - SECRETARY-DIRECTOR — JUNE 15, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~MEDUHO, LISA~~ ~~5850 CYPRESS GD BLVD, APT 403~~ ~~WINTER HAVEN FL~~	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Bridgeman, Beverly 1010 E Broadway # 140 Fort Meade, Florida 33841	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~BRIDGEMAN, BEVERLY~~ ~~1010 E BROADWAY #140~~ ~~FT MEADE FL~~	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VD Forlund, Erling 1234 Fairfax N Lakeland, Fl 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~KNISS, PEGGY~~ ~~590 ELLERBE WAY~~ ~~LAKELAND FL~~	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	T Richardson, J. Allan 1006 Pennsylvania Ave Lakeland, Florida 33803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRYAN, FRAN 3520 CLEVELAND HGTS BLVD #117 LAKELAND FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MD~~ ~~PURCELL, PAULA~~ ~~1320 GLENVIEW LN~~ ~~LAKELAND FL~~	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (3/95)

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)(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 added on an attachment with an address.

SIGNATURE: Fran Bryan — FRAN BRYAN, SECRETARY/DIRECTOR — JUNE 15, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014230