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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742525** (9)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**3520 CLEVELAND HEIGHTS BLVD.
APT. 117
LAKELAND FL 33803
US**

**3520 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33803-4974
US**



3. Date Incorporated or Qualified 04/19/1978	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 13-5663691	Applied For <input type="checkbox"/> 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	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYAN, FRAN
3520 CLEVELAND HEIGHTS BLVD.
APT. 117 - BUILDING 11
LAKELAND FL 33803**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORLUND, ERLING	1.2 NAME	BLALOCK, PATI
STREET ADDRESS	1234 FAIRFAX N	1.3 STREET ADDRESS	2033 W. Patterson St
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, Florida 33801
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGEMAN, BEVERLY	2.2 NAME	BRIDGEMAN, BEVERLY
STREET ADDRESS	1010 E BROADWAY #140	2.3 STREET ADDRESS	1033 Pennsylvania Ave SE
CITY-ST-ZIP	FT MEADE FL	2.4 CITY-ST-ZIP	Ft. Meade, Florida 33841
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, J. A	3.2 NAME	HUTTON, JANICE
STREET ADDRESS	1006 PENNSYLVANIA AVE	3.3 STREET ADDRESS	526 Longfellow Blvd
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	LAKELAND, FLORIDA 33801
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, FRAN	4.2 NAME	BRYAN, FRAN BLDG. 11
STREET ADDRESS	3520 CLEVELAND HGTS BLVD #117	4.3 STREET ADDRESS	3520 Cleveland Hgts Blvd # 117
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, Florida 33803
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GEIS, BERNADINE
STREET ADDRESS		5.3 STREET ADDRESS	1104 Bartow Rd, P 187
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lakeland, Florida 33801
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MARKLEY, RUTH ANN
STREET ADDRESS		6.3 STREET ADDRESS	1234 Reynolds Rd # 109
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lakeland, Florida 33801

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052884

CR2E037 (9/96)