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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742525

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

3520 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33803
US

465874 - 90050 - 37



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

04/19/1978

4. FEI Number

13-5663691

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BLALOCK, PATI
STREET ADDRESS 2033 W PATTERSON ST
CITY-ST-ZIP LAKELAND FL

TITLE VD ☐ DELETE
NAME BRIDGEMAN, BEVERLY
STREET ADDRESS 1033 PENNSYLVANIA AVE SE
CITY-ST-ZIP FT MEADE FL

TITLE D ☐ DELETE
NAME BRYAN, FRAN
STREET ADDRESS 3520 CLEVELAND HGTS BLVD 117, BLDG 11
CITY-ST-ZIP LAKELAND FL

TITLE SD ☐ DELETE
NAME GEIS, BERNADINE
STREET ADDRESS 1104 BARTOW RD, P 187
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE
NAME MARKLEY, RUTH A
STREET ADDRESS 1234 REYNOLDS RD 109
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME TD
6.3 STREET ADDRESS Lucas, Kimberly
6.4 CITY-ST-ZIP 5131 Harvard Street W
FL 33810

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: *Beverly Bridgeman*

SIGNATURE REQUIRED

4/28/99

941-285-8121

CR2E037 (1/98)