

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 12: 04

DOCUMENT # 743191 (9)

1. Corporation Name

**PARENTS WITHOUT PARTNERS, WEST CENTRAL FLORIDA R
EGIONAL COUNCIL #90, INC.**

Principal Place of Business

Mailing Address

**3520 CLEVELAND HGTS. BLVD.
#117
LAKELAND FL 33803**

**3520 CLEVELAND HGTS. BLVD.
#117
LAKELAND FL 33803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1978

3a. Date of Last Report

04/22/1994

4. FEI Number

52-1324336

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$0.75 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

☒

**\$68.75 Supplemental
Fee Not Required**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYAN, FRAN
3520 CLEVELAND HGTS BLVD.
#117
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **JENKINS, JERRY**
STREET ADDRESS **17715 GULF BLVD #819**
CITY - ST - ZIP **REDINGTON SHORES FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **EDNA MANHARD**
1.3 STREET ADDRESS **10780 43rd ST. #708**
1.4 CITY - ST - ZIP **CLEARWATER, FL 34622**

TITLE **SD**
NAME **O'DELL, PHYLLIS**
STREET ADDRESS **3270 35TH AVE**
CITY - ST - ZIP **ST PETERSBURG FL**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **JUNE SCHUETTLER**
2.3 STREET ADDRESS **3135 NOCTURNE RD.**
2.4 CITY - ST - ZIP **VENICE, FL 34293**

TITLE **TD**
NAME **BRYAN, FRAN**
STREET ADDRESS **3520 CLEVELAND HGTS BLVD, APT. 117**
CITY - ST - ZIP **LAKELAND FL**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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, on an attachment with an address.

SIGNATURE:

FRAN BRYAN - TRES.-DIRECTOR

APRIL 20, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #