

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **743672** (8)

1. Corporation Name

**THE PARENT NETWORK OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**2728 PABLO AVE  
STE B  
TALLAHASSEE FL 32308  
US**

**2728 PABLO AVE  
STE B  
TALLAHASSEE FL 32308  
US**



|  |  |
|--|--|
| 2. Principal Place of Business                     | 2a. Mailing Address                                |
| 21 <b>2728 Pablo Avenue</b><br>Suite, Apt. #, etc. | 26 <b>2728 Pablo Avenue</b><br>Suite, Apt. #, etc. |
| 22 <b>Suite B</b><br>City & State                  | 27 <b>Suite B</b><br>City & State                  |
| 23 <b>Tallahassee, FL</b><br>Zip Country           | 28 <b>Tallahassee, FL</b><br>Zip Country           |
| 24 <b>32308</b> 25 <b>USA</b>                      | 29 <b>32308</b> 30 <b>USA</b>                      |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>07/21/1978</b>  | 3a. Date of Last Report<br><b>06/26/1995</b> |
| 4. FEI Number<br><b>59-1944924</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENNEDY, TRACEY R  
2728 PABLO AVE  
STE B  
TALLAHASSEE FL 32308**

|   |                              |
|---|------------------------------|
| 81 Name   |                              |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>200001829212</b>          |
| 83  | <b>-05/20/96--01041--048</b> |
| 84 City   | <b>***61.25</b>              |
| 85 Zip Code   | <b>FL</b>                    |

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 *Tracey R. Kennedy*  
Signature typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4-21-96**

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | VPDC <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | Chair <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME                       | RACKLEFF, ROBERT                                | 1.2 NAME  | Mary Oldiges  |
| STREET ADDRESS             | 816 CHERRY ST                                   | 1.3 STREET ADDRESS                                    | 9500 S. Dadeland Blvd. Suite 350  |
| CITY-ST-ZIP                | TALLAHASSEE FL                                  | 1.4 CITY-ST-ZIP                                       | Miami, FL 33156   |
| TITLE                      | SD <input checked="" type="checkbox"/> DELETE   | 2.1 TITLE   | Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | MEEK, TERRY                                     | 2.2 NAME  | Paul Lunetta  |
| STREET ADDRESS             | 3244 ARBOR HILL WAY                             | 2.3 STREET ADDRESS                                    | P.O. Box 2286 A/H   |
| CITY-ST-ZIP                | TALLAHASSEE FL                                  | 2.4 CITY-ST-ZIP                                       | Jacksonville, FL 32203  |
| TITLE                      | T <input checked="" type="checkbox"/> DELETE    | 3.1 TITLE   | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | SONSINI, TOM                                    | 3.2 NAME  | Paul Reed   |
| STREET ADDRESS             | 1606 NW 170 ST                                  | 3.3 STREET ADDRESS                                    | 14308 Kellingrew Place  |
| CITY-ST-ZIP                | NEWBERRY FL                                     | 3.4 CITY-ST-ZIP                                       | Tampa, FL 33624   |
| TITLE                      | PE <input type="checkbox"/> DELETE              | 4.1 TITLE   | Vice-Chair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KITTSLEY, LORI                                  | 4.2 NAME  | Lori Kittsley   |
| STREET ADDRESS             | 2100 E MICHINGAN ST                             | 4.3 STREET ADDRESS                                    | 2100 E. Michigan Street   |
| CITY-ST-ZIP                | ORLANDO FL                                      | 4.4 CITY-ST-ZIP                                       | Orlando, FL 32806   |
| TITLE                      | PD <input type="checkbox"/> DELETE              | 5.1 TITLE   | Past-Chair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HOWZE, WENDELL                                  | 5.2 NAME  | Wendell Howze   |
| STREET ADDRESS             | 6909 B 16 ST NE                                 | 5.3 STREET ADDRESS                                    | 2000 Bulldog Lane   |
| CITY-ST-ZIP                | ST PETERSBURG FL                                | 5.4 CITY-ST-ZIP                                       | St. Cloud, FL 34709   |
| TITLE                      | <input type="checkbox"/> DELETE                 | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 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, or on an attachment with an address.

SIGNATURE: *Tracey R. Kennedy*  
Signature typed or printed name of signing officer or director

DATE **4/21/96**

DAYTIME PHONE # **488-5437**

CR2E037 (12/95)