

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2008 8:00 am
Secretary of State

04-21-2008 90106 014 ****61.25

DOCUMENT # 749900 1. Entity Name PARENTS WITHOUT PARTNERS SOUTH FLORIDA REGIONAL COUNCIL NO. 92, INC.					
Principal Place of Business 7103 NW 78TH AVE TAMARAC, FL 33321 US			Mailing Address 7103 NW 78TH AVE TAMARAC, FL 33321 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2097508	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPYKE, EDITH 14140 SW 84TH H104 MIAMI, FL 33183			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. 7/16/2008 DATE					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ISRAEL, SUSAN 20 MATADOR LN DAVIE, FL 33324 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROGERS, SHIRLEY 7103 NW 78 AVE TAMARAC, FL 33321 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSENBERG, MERLE P.O. BOX 25887 TAMARAC, FL 333205887 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T. LYNN V. ROSENTHAL 20 Matador Ln Davie FL 33324 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRIDOS, MARIE 18871 NW 2ND ST PEMBROOKE PINES, FL 33020 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SPYKE, EDITH 14140 SW 84TH ST H104 MIAMI, FL 33183 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					