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May 08 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 752140 (4)

1. Corporation Name

PARENTS WITHOUT PARTNERS WHITE SANDS CHAPTER NO.  
742, INC.

Principal Place of Business

Mailing Address

P.O. BOX 724  
FT. WALTON BEACH FL 32547P.O. BOX 724  
FT. WALTON BEACH FL 32549-07243. Date Incorporated or Qualified  
04/23/19803a. Date of Last Report  
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 724

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City &amp; State

27

City &amp; State

23 Ft. Walton Beach, FL

28

Zip

Country

Zip

Country

24 32549-0724

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLOTHIER, JEAN  
30 HOLLY AVENUE SOUTH  
STE. 401  
SHALIMAR FL 32547

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

Jean Clothier

JEAN CLOTHIER

4/21/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME CLOTHIER, JEAN  
STREET ADDRESS 30 HOLLY AVENUE, SOUTH 401  
CITY-ST-ZIP SHALIMAR FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE V ☐ DELETE  
NAME HUGHES, DEBBY  
STREET ADDRESS 1021 COURTSIDE CT  
CITY-ST-ZIP FT. WALTON BCH FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE T ☒ DELETE  
NAME SELL, KAREN  
STREET ADDRESS 937 DENTON BLVD #76  
CITY-ST-ZIP FT. WALTON BCH FL3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME Peggy Hubbard  
3.3 STREET ADDRESS 5 Timberland way  
3.4 CITY-ST-ZIP Ft. Walton Beach, FL 32548TITLE S ☒ DELETE  
NAME BABB, TONIA  
STREET ADDRESS 1048 MONTGOMERY  
CITY-ST-ZIP MARY ESTHER FL4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Sandra Fisher  
4.3 STREET ADDRESS 2822 Ranney Drive  
4.4 CITY-ST-ZIP Navarre, FL 32566TITLE D ☒ DELETE  
NAME HASKINS, BONNIE  
STREET ADDRESS 726 EGLIN PKWY  
CITY-ST-ZIP FORT WALTON BEACH FL5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME D Vi Newbold  
5.3 STREET ADDRESS 519 Mooney Road  
5.4 CITY-ST-ZIP Ft. Walton Beach, FL 32547TITLE D ☐ DELETE  
NAME SAWDON, RAY  
STREET ADDRESS 115 MISSISSIPPI AVE  
CITY-ST-ZIP FORT WALTON BEACH FL6.1 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 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: Peggy Hubbard

4/21/97

(904)  
862-9280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074035

CR2E037 (9/96)