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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 752140

1. Corporation Name

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

1 125208 5 90030 8 40 *

Principal Place of Business

P.O. BOX 724
FT. WALTON BEACH FL 32549-0724
US

Mailing Address

P.O. BOX 724
FT. WALTON BEACH FL 32549
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/23/1980

4. FEI Number

23-7419739

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**METCALF, PAM
32 WINDSOR LN
STE. 401
FT WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent

81 Name **Willa Merriott**
82 Street Address (P.O. Box Number is Not Acceptable)
548 Stahlman Ave.
83
84 City **Destin** FL 85 Zip Code **32541**

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 *Willa Merriott* **Willa Merriott, Region 12 President 1/20/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	METCALF, PAM	
STREET ADDRESS	32 WINDSOR LANE NE	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KING, FAYE	
STREET ADDRESS	26 BAYVIEW DR	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MERRIOTT, WILLA	
STREET ADDRESS	548 STAHLMAN	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, SHARON	
STREET ADDRESS	1702 A BRIGHTON COVE	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, SHEREE	
STREET ADDRESS	527 BENNING DR	
CITY-ST-ZIP	DESTIN FL 3254	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKEE, REX	
STREET ADDRESS	5 COVENTRY CT	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Kitahara	
1.3 STREET ADDRESS	390 GARDNER DR.	
1.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEFF JONES	
2.3 STREET ADDRESS	516 Main St. Apt #1	
2.4 CITY-ST-ZIP	Destin FL 32541	
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marilyn White	
4.3 STREET ADDRESS	406 Juniper DR.	
4.4 CITY-ST-ZIP	Crestview FL 32536	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gayle Young	
5.3 STREET ADDRESS	301 BENNING DR	
5.4 CITY-ST-ZIP	Destin FL 32541	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Valerie Schmick	
6.3 STREET ADDRESS	7307 Brewster St.	
6.4 CITY-ST-ZIP	Navarre, FL 32566	

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: *Willa Merriott* **Willa Merriott, Pres**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)