

# 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 # **759430** (2)

1. Corporation Name

**PARENTS WITHOUT PARTNERS, SUNSHINE STATE REGIONAL COUNCIL NO. 89, INC.**



Principal Place of Business

Mailing Address

**3211 MARSHALL DR  
MELBOURNE FL 32901**

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MELBOURNE FL 32901**

3. Date Incorporated or Qualified  
**06/03/1981**

3a. Date of Last Report  
**11/15/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**50-4583193**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURNER, DIANE R  
3211 MARSHALL DR.  
MELBOURNE FL 32901**

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

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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LOWRY, BILL</b>	
STREET ADDRESS	<b>108 BOUNTY ST. #103</b>	
CITY - ST - ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>TURNER, DIANE</b>	
STREET ADDRESS	<b>3211 MARSHALL DR.</b>	
CITY - ST - ZIP	<b>MELBOURNE FL 32901</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EDWARDS, TERRY</b>	
STREET ADDRESS	<b>5299 INDIAN LAUREL COURT</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32808</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PAYNE, LINDA</b>	
STREET ADDRESS	<b>2009 S. HOLLYWOOD PL.</b>	
CITY - ST - ZIP	<b>MELBOURNE FL 32901</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TABBOTT, VALERIE</b>	
STREET ADDRESS	<b>713 OAK MANOR CT</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32211</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, DREMA</b>	
STREET ADDRESS	<b>251 NAYLOR DR</b>	
CITY - ST - ZIP	<b>W. MELBOURNE FL 32904</b>	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Starr Adams</b>
33 STREET ADDRESS	<b>846 Tupelo Dr.</b>
34 CITY - ST - ZIP	<b>Melbourne, FL 32935</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>226 Prince Ave.</b>
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Lynn Bresan</b>
53 STREET ADDRESS	<b>438 Sevilla Drive</b>
54 CITY - ST - ZIP	<b>St Augustine FL 32086</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

*William R. ...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/20/96*

Date

*407-453-8115*

Daytime Phone #

CR2E037 (12/95)