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Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

3211 MARSHALL DR
MELBOURNE FL 32901

Mailing Address

3211 MARSHALL DR
MELBOURNE FL 32901-77133. Date Incorporated or Qualified
08/03/19813a. Date of Last Report
02/09/19964. FEI Number
50-4583193Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME LOWRY, BILL
STREET ADDRESS 108 BOUNTY ST. #103
CITY - ST - ZIP MERRITT ISLAND FL 329521.1 TITLE President ☒ Change ☐ Addition
1.2 NAME James WEBSTER
1.3 STREET ADDRESS 6100 Johns ADOBS Blvd #58
1.4 CITY - ST - ZIP Melbourne FL 32934TITLE VD ☒ DELETE
NAME TURNER, DIANE
STREET ADDRESS 3211 MARSHALL DR.
CITY - ST - ZIP MELBOURNE FL 329012.1 TITLE ADMIN VP ☒ Change ☐ Addition
2.2 NAME BEVERLY BRIDGEMAN
2.3 STREET ADDRESS 1033 PENNSYLVANIA AVE S.E.
2.4 CITY - ST - ZIP FT MEAD, FL. 32891TITLE VD ☒ DELETE
NAME ADAMS, STARR
STREET ADDRESS 840 TUPELO DR.
CITY - ST - ZIP MELBOURNE FL 329353.1 TITLE Julie SUMMERTON VP ☒ Change ☐ Addition
3.2 NAME Julie SUMMERTON
3.3 STREET ADDRESS 537 MARY JESS Rd #2
3.4 CITY - ST - ZIP Orlando FL. 32839TITLE VD ☐ DELETE
NAME PAYNE, LINDA
STREET ADDRESS 226 PRINCE AVE.
CITY - ST - ZIP MELBOURNE FL 329014.1 TITLE William E. LOWRY ☐ Change ☒ Addition
4.2 NAME William E. LOWRY
4.3 STREET ADDRESS 180 BOUNTY ST #103
4.4 CITY - ST - ZIP MERRITT ISL 32952TITLE T ☐ DELETE
NAME BRESAN, LYNN
STREET ADDRESS 438 SEVILLA DRIVE
CITY - ST - ZIP ST AUGUSTINE FL 320865.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE S ☒ DELETE
NAME JOHNSON, DREMA
STREET ADDRESS 251 NAYLOR DR
CITY - ST - ZIP W. MELBOURNE FL 329046.1 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:

WILLIAM E. LOWRY

1/29/96 4074538115

CR2E037 (9/96)