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FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

 FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759430

1. Corporation Name

Parents Without Partners Sunshine State
Regional Council No 89, Inc.

Principal Place of Business

Mailing Address

438 Sevilla Dr. St. Augustine, FL 32086

3. Date Incorporated or Qualified

August 3, 1981

4. FEI Number

135663691

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 same
Suite, Apt. #, etc.

26 same
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

Diane Turner
3211 Marshall Ave.
Melbourne, FL 32901

10. Name and Address of New Registered Agent

81 Name

Lynn Bresan

82 Street Address (P.O. Box Number is Not Acceptable)

438 Sevilla Dr.

83

St. Augustine

84 City

FL 85 Zip Code
32086

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 *Lynn Bresan*

Lynn Bresan

4/27/98

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P President - + ☒ DELETE
NAME James Webster
STREET ADDRESS 1100 John Rodes Blvd #58
CITY-ST-ZIP Melbourne FL 32934

TITLE VP Vice President - + ☐ DELETE
NAME Beverly Bridgeman
STREET ADDRESS 1033 Pennsylvania Ave SE
CITY-ST-ZIP Ft. Meade FL 33841

TITLE Tr Treasurer - + ☐ DELETE
NAME Lynn Bresan
STREET ADDRESS 438 Sevilla Dr.
CITY-ST-ZIP St. Augustine, FL 32086

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P President - + ☒ Change ☐ Addition
1.2 NAME James Glass
1.3 STREET ADDRESS 1854 Euclid St.
1.4 CITY-ST-ZIP Jacksonville FL 32210

2.1 TITLE VP same - + ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Tr same - + ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 300002540053
5.4 CITY-ST-ZIP -05/29/98--01004--011
***61.25

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Lynn Bresan*

Lynn Bresan

4/27/98

904-797-3726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)