


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90012 005 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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

438 SEVILLA DR.  
ST. AUGUSTINE FL 32086

Mailing Address

438 SEVILLA DR.  
ST. AUGUSTINE FL 32086



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/03/1981</b>	
21 Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		4. FEI Number <b>13-5663691</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip	28	Zip		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country	29	Country		30	

9. Name and Address of Current Registered Agent

**BRESAN, LYNN**  
438 SEVILLA DR.  
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, JAMES	1.2 NAME	JIM WEBSTER
STREET ADDRESS	1854 EUCLID ST	1.3 STREET ADDRESS	106 LAMP LIGHTER DR.
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	MELBOURNE FL 32934
TITLE	VTP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	UTP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGEMAN, BEVERLY	2.2 NAME	MOLLY KAISER
STREET ADDRESS	1033 PENNSYLVANIA AVE S.E.	2.3 STREET ADDRESS	1611 MISSION BLVD
CITY-ST-ZIP	FT. MEAD FL 33891	2.4 CITY-ST-ZIP	CLEAR WATER FL 33759
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BRESAN, LYNN	3.2 NAME	
STREET ADDRESS	438 SEVILLA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Lynn Bresan LYNN BRESAN 1-20-99 (904) 797-3776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)