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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **760074** (5)
1. Corporation Name
**PARENTS WITHOUT PARTNERS NORTH BROWARD CHARTER N
O. 1129, INC.**

Principal Place of Business Mailing Address
**981 SW 71ST AVE
N LAUDERDALE FL 33068
US** **P O BOX 63-6087
MARGATE FL 33063
US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/17/1981** 3a. Date of Last Report **04/08/1994**
4. FEI Number **59-1225577** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GELLERT, MICHAEL S
6731 N W 6TH COURT
MARGATE FL 33063**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERTZFIELD, LEONARD	12 NAME	HERTZFIELD, LEONARD
STREET ADDRESS	8601 NW 34TH PL, 208A	13 STREET ADDRESS	8601 NW 34TH PL, 208A
CITY - ST - ZIP	SUNRISE - FL	14 CITY - ST - ZIP	SUNRISE, FLORIDA
TITLE	VD	21 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMBLEY, HOMER C	22 NAME	VICKI ARES:
STREET ADDRESS	341 KATHY LANE	23 STREET ADDRESS	FINDERSEN, JOAN
CITY - ST - ZIP	MARGATE - FL	24 CITY - ST - ZIP	8846 W MCNAB RD #9-204 TAMARAC, FLORIDA 33321
TITLE	SD	31 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINNAN, MARIA	32 NAME	SRET: GRANT, ANELLIS C
STREET ADDRESS	6549 BLVD OF CHAMPIONS	33 STREET ADDRESS	4720 NW 48TH AVE TAMARAC, FLORIDA 33319
CITY - ST - ZIP	N LAUDERDALE - FL	34 CITY - ST - ZIP	TAMARAC, FLORIDA 33319
TITLE	TD	41 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEWER, SHIRLEY	42 NAME	FELDMAN, IRVING
STREET ADDRESS	7508 NW 77 AVE	43 STREET ADDRESS	7104 NW 73RD STREET TAMARAC, FLORIDA 33321
CITY - ST - ZIP	TAMARAC - FL	44 CITY - ST - ZIP	TAMARAC, FLORIDA 33321
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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: Irving Feldman 4-13-95 726-1377
SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
IRVING FELDMAN