

**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 # **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 93-6097  
MARGATE FL 33063  
US**

3. Date Incorporated or Qualified **09/17/1981** 3a. Date of Last Report **07/06/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 **P.O. Box 93-6097**  
22 City & State 27 Suite, Apt. #, etc.  
23 **MARGATE, FL.**  
24 Zip 25 Country 29 **33093** 30 **BROWARD**

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**  
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**

**GELLERT, MICHAEL S  
6731 N W 6TH COURT  
MARGATE FL 33063**

81 Name **Dottie DELFAVERO**  
82 Street Address (P.O. Box Number is Not Acceptable) **8750 Royal Palm Blvd. #3A**  
83 City **Coral Springs** FL 85 Zip Code **33065**

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: *Dottie Del Favero*

DATE: **3/22/96**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HERTZFIELD, LEONARD	1.2 NAME	Dorothy DelFavero
STREET ADDRESS	8601 NW 34TH PL, 208A	1.3 STREET ADDRESS	8760 Royal Palm Blvd # 3A
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	Coral Springs, FL 33065-5800
TITLE	VD	2.1 TITLE	VD
NAME	FINDERSEN, JOAN	2.2 NAME	MARIA QUINNAN
STREET ADDRESS	8846 W MCNAB RD #9-204	2.3 STREET ADDRESS	6549 Blvd. of Champions
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	N. LAUDERDALE, FL 33068
TITLE	SD	3.1 TITLE	SD
NAME	GRANT, PHYLLIS C	3.2 NAME	RUTH BERNIER
STREET ADDRESS	4720 NW 48TH AVE	3.3 STREET ADDRESS	5071 W. OAKLAND PK Blvd G311
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313
TITLE	TD	4.1 TITLE	TD
NAME	FELDMAN, IRVING	4.2 NAME	Helen Chiet
STREET ADDRESS	7104 NW 73RD STREET	4.3 STREET ADDRESS	Bldg. 10 #102
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	6200 NW 62 St.
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: *Dottie Del Favero*

Pres 3/22/96

CR2E037 (12/95)