


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 12 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
~~101 SW 71ST AVE
 N LAUDERDALE FL 33068
 US~~ *7640 Southgate Blvd
 Bay 1
 North Lauderdale
 FL 33068* P.O. BOX 83-6097
 MARGATE FL 33093
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/17/1981** 3a. Date of Last Report **04/15/1996**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
~~DELFAVERO, DOTTIE
 8750 ROYAL PALM BLVD
 SUITE 3A
 CORAL SPRINGS FL 33065~~

10. Name and Address of New Registered Agent

81. Name *Ruth Bernier*

82. Street Address (P.O. Box Number is Not Acceptable) *5071 W. OAKLAND PARK BLVD G-311*

83.

84. City *Lauderdale Lakes* FL 85. Zip Code *33313*

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 *Ruth Bernier* DATE *Aug 8, 1997*

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DELFAVERO, DOROTHY	
STREET ADDRESS	8750 ROYAL PALM BLVD SUITE 3A	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	QUINNAN, MARIA	
STREET ADDRESS	6549 BLVD OF CHAMPIONS	
CITY-ST-ZIP	NORTH LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BERNIER, RUTH	
STREET ADDRESS	5071 W. OAKLAND PARK BLVD G-311	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHNET, HELEN	
STREET ADDRESS	6200 NW 62 STREET #102	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUTH BERNIER	
1.3 STREET ADDRESS	5071 W. OAKLAND PARK BLVD G-311	
1.4 CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARLENE HENDRICKS	
3.3 STREET ADDRESS	7535 NW 61ST TERRACE Apt 1201	
3.4 CITY-ST-ZIP	Parkland FL 33067	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOAN CIBA	
4.3 STREET ADDRESS	6984 NW 5th Court	
4.4 CITY-ST-ZIP	Margate FL 33063	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *delan* SIGNATURE REQUIRED *(Signature)*

CR2E037 (4/97)