FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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1995 APR -6 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **763295** **(3)**

1. Corporation Name

PARENTS WITHOUT PARTNERS, WEST JACKSONVILLE-ORAN GE PARK AREA CHAPTER NO. 587, INC.

700001452667
-04/10/95--01105--019
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 7443 JACKSONVILLE FL 32238-4443	P.O. BOX 7443 JACKSONVILLE FL 32238-4443

3. Date Incorporated or Qualified: 05/14/1982
3a. Date of Last Report: 02/14/1994
4. FEI Number: 23-7279289 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

5. Certificate of Status Desired ☐ — $0.75 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

ROY, DAVID A.
8209 SUTTON PLACE N
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name: SCOTT, Barbara A.
82 Street Address (P.O. Box Number is Not Acceptable): 4621 Colonial Avenue
83
84 City: Jacksonville FL 85 Zip Code: 32210

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: Barbara A. Scott, President — 1-18-95
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	P	1.1 TITLE	President P/D	☒ Change ☐ Addition
NAME	ROY, DAVID A	1.2 NAME	SCOTT, Barbara A.	
STREET ADDRESS	8209 SUTTON PLACE NORTH	1.3 STREET ADDRESS	4621 Colonial Avenue	
CITY-ST-ZIP	JACKSONVILLE 32	1.4 CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	T	2.1 TITLE	Adm. V. P. V/D	☒ Change ☐ Addition
NAME	MCADAMS, DONNA G	2.2 NAME	MERCER, Edward W.	
STREET ADDRESS	7528 ARLINGTON EXPWY., #1315	2.3 STREET ADDRESS	8300 Plaza Gate Lane, #1172	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	V	3.1 TITLE	Treasurer T/D	☒ Change ☐ Addition
NAME	SCOTT, BARBARA A	3.2 NAME	HUGHES, Mary E.	
STREET ADDRESS	4621 COLONIAL AVENUE	3.3 STREET ADDRESS	8546 Old Orange Park Rd.	
CITY-ST-ZIP	JACKSONSVILLE FL	3.4 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	SD	4.1 TITLE	Secretary S/D	☒ Change ☐ Addition
NAME	BOATWRIGHT, JOANN	4.2 NAME	RIESENBERG, Mary C.	
STREET ADDRESS	3145 VICTORIA PARK ROAD	4.3 STREET ADDRESS	244 Blairmore Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	D	5.1 TITLE	[redacted]	☒ Change ☐ Addition
NAME	RIGDON, SHIRLEY	5.2 NAME		
STREET ADDRESS	5123 BLACKBURN ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	32210	
TITLE	D	6.1 TITLE	V. P.- Membership D	☒ Change ☐ Addition
NAME	BECKY, KATHY	6.2 NAME	BAKER, Dena T.	
STREET ADDRESS	8504 BISHOPWOOD	6.3 STREET ADDRESS	4341 Dalry Drive	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Jacksonville, FL 32216	

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)(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 13 of Block 13 if changed or on an attachment with an address.

SIGNATURE: Barbara A. Scott, President — 1-10-95 — (904) 355-0668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026176