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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763295** (3)

1. Corporation Name

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

Principal Place of Business

Mailing Address

P.O. BOX 7443
JACKSONVILLE FL 32238-4443

P.O. BOX 7443
JACKSONVILLE FL 32238-4443

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

25

29

30

9. Name and Address of Current Registered Agent

GLASS, JAMES
1854 EUCLID ST
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified

05/14/1982

4. FEI Number

23-7279289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

JUDY E. BURDGE

82 Street Address (P.O. Box Number Is Not Acceptable)

6223 B LONGCHAMP DR.

83

84 City

Jacksonville

FL

85 Zip Code

32244

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

Judy E. Burdge
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retreating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **GLASS, JAMES**
STREET ADDRESS **1854 EUCLID STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☒ DELETE

NAME **MARSLAND, BEVERLY**
STREET ADDRESS **7901 BAYMEADOWS CIR E #397**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **TD** ☐ DELETE

NAME **RHODES, ROBERT**
STREET ADDRESS **9135 GLENPOWER CT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ DELETE

NAME **EGGART, CAROLYN N**
STREET ADDRESS **8634 STURBRIDGE CIR N**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **RIGDON, SHIRLEY**
STREET ADDRESS **5123 BLACKBURN ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ DELETE

NAME **BAKER, DENA T**
STREET ADDRESS **4341 DALRY DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition

1.2 NAME **JUDY E. BURDGE**

1.3 STREET ADDRESS **6223 B LONGCHAMP DR.**

1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32244**

2.1 TITLE **VP** ☐ Change ☒ Addition

2.2 NAME **FOLKES, LOUIS E.**

2.3 STREET ADDRESS **4299 MELISSA COURT W.**

2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32210**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

Judy E. Burdge **JUDY E. BURDGE**

02/03/98

904-908-4894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-908-4894

CR2E037 (10/97)