DOCUME	NT # <b>76329</b> 5				FILED		
1. Entity Name PARENTS WITHOUT PARTNERS, WES , GE PARK AREA CHAPTER NO. 587, I		ST JACKSONVILLE-ORAN		0	02 DEC -2 AM 11:42		
Principal Place of Business		Mailing Address			SECRETARY OF STATE		
P.O. BOX 441141 ACKSONVILLE FL 3	2222-1141	P.O. BOX 441141 JACKSONVILLE FL 3222	2-1141		<u>ALI</u> AE970,004,000 - 0	123211 11102203	
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. Principal Place o		3. Mailing Address				(#)  # # ) #!#   # #  } #	
Suite, Apt. #, etc	·	Suite, Apt. #, etc.			DO NOT WRITE IN T	THIS SPACE	
City & State		City & State	_	4. FEI Number	23-7279289	No	oplied For of Applicable
· Zip´	Country T	Zip	Country	5. Certificate of S		Fee Require	ditional d
	Name and Address of Current	· · · · · · · · · · · · · · · · · · ·	Name	7. Name and Ad	dress of New Registe	ered Agent	
GOBBEL-BARB 8754 PINE VAL	ARA MARY	-Elken-Heer	shee Street	Address (P.O. Box Number is	Not Acceptable)		
JACKSONVILLE	FL-92244 8546	-Ellen-Heer OLD ORANCE NGE PARK	K Rd			Zip Cod	
The above name	d entity submits this statement for	NGE PARK	FL 320	273 - 2165- or registered agent or both in			
the obligations of	registered agent.	and Failbace er endingnig i		or registered agent, or both, i	The state of Forda.	ann ann ann ar with,	and accept
		. 11					
	Provide printed numericagistered agent a		e Leo	ature required when reinstation)	101	14/02	
Signatur	<u> </u>	nd title if applicable.		ature required when reinstating)	D	ATE	
Signatur After	September 13, 2002, n. will be \$236.25.	9. Election Ca	The Registered Agent signa ampaign Financing Contribution.	ature required when reinstating) \$5.00 May Be Added to Fees	Make Cr	ATE ATE heck Payable tment of State	
Signatur After Mi	September 13, 2002,	9. Election Ca Trust Fund ECTORS	ampaign Financing Contribution.	Added to Fees	Make Cr Depart Ses TO OFFICERS AND	ate neck Payable tment of State	10
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