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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:37

DOCUMENT # 764298 (6)

1. Corporation Name

PARENTS WITHOUT PARTNERS, SPACEPORT CHAPTER NO. 578, INC.

Principal Place of Business	Mailing Address
PO BOX 2043 TITUSVILLE FL 32781-2043	PO BOX 2043 TITUSVILLE FL 32781-2043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1982
3a. Date of Last Report: 10/14/1994
4. FEI Number: 23-7279286 ☐ 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
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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

LETOURNEAU, SOPHIA E
853 DOW LANE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
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	P/D/T	☒ Change ☐ Addition
NAME	~~BOWER, KEN~~	1.2 NAME	Sophia E Letourneau	
STREET ADDRESS	~~630 KEY ROAD~~	1.3 STREET ADDRESS	853 Dow Lane	3
CITY-ST-ZIP	~~TITUSVILLE FL 32780~~	1.4 CITY-ST-ZIP	Titusville Fl 32780	
TITLE	~~VD~~	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~WELCH, WALLY~~	2.2 NAME	Ken Bower	
STREET ADDRESS	~~5952 BECK DR.~~	2.3 STREET ADDRESS	630 Key Road	1
CITY-ST-ZIP	~~COCOA FL 32927~~	2.4 CITY-ST-ZIP	Titusville Fl 32780	
TITLE	~~TD~~	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~LETOURNEAU, SOPHIA E~~	3.2 NAME	Jeanne Westerberg	
STREET ADDRESS	~~853 DOW LANE~~	3.3 STREET ADDRESS	3901 Mount Sterling Ave	2
CITY-ST-ZIP	~~TITUSVILLE FL 32780~~	3.4 CITY-ST-ZIP	Titusville Fl 32780	
TITLE	~~VD~~	4.1 TITLE		☒ Change ☐ Addition
NAME	~~HOLBROOK, DEBBIE~~	4.2 NAME		
STREET ADDRESS	~~690 KEY ROAD~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~TITUSVILLE FL 32780~~	4.4 CITY-ST-ZIP		
TITLE	~~VD~~	5.1 TITLE		☒ Change ☐ Addition
NAME	~~CASTRO, DORIS~~	5.2 NAME		
STREET ADDRESS	~~1730 THOREAU ST.~~	5.3 STREET ADDRESS		
CITY-ST-ZIP	~~TITUSVILLE FL 32780~~	5.4 CITY-ST-ZIP		
TITLE	~~SD~~	6.1 TITLE		☒ Change ☐ Addition
NAME	~~MUNDHENK, DOT~~	6.2 NAME		
STREET ADDRESS	~~5952 BECK DR.~~	6.3 STREET ADDRESS		
CITY-ST-ZIP	~~COCOA FL 32927~~	6.4 CITY-ST-ZIP		

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sophia E Letourneau Sophia E. Letourneau 1-23-95 407-867-2922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032080