

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 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 # 815663 (0)  
1. Corporation Name  
PARENTS WITHOUT PARTNERS, INC.



Principal Place of Business: 401 NO MICHIGAN AVE CHICAGO IL 60611 US  
Mailing Address: 1750 K STREET NW STE 450 WASHINGTON DC 20006-2314 US

3. Date Incorporated or Qualified: 10/05/1961  
3a. Date of Last Report: 02/28/1996

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)

4. FEI Number: 13-5663691 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 has liability for intangible tax under s. 199.032, Florida Statutes ( ) Yes (x) No

9. Name and Address of Current Registered Agent  
UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
STE. 105  
TALLAHASSEE FL 32301

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	NAPOLIANG, LIMBA
STREET ADDRESS	308 MATAWAK TERR
CITY-ST-ZIP	MADISON WI
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JOE
STREET ADDRESS	2465 BEECH STREET
CITY-ST-ZIP	CUYAHOGA FALLS OH
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	MARK, FREDA
STREET ADDRESS	1055 CHARLEVILLE AVENUE
CITY-ST-ZIP	ST LOUIS MO
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MOORE, JIM
STREET ADDRESS	40 SYRTE STREET
CITY-ST-ZIP	WALTHAM MA
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, FRANK
STREET ADDRESS	207 FRANK ST
CITY-ST-ZIP	EVERETT WA
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	FRANK, COTTIE
STREET ADDRESS	1537 ELM BROOK DRIVE
CITY-ST-ZIP	SPRINGDALE GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Frank Anderson
1.3 STREET ADDRESS	370 Ocean Ave.
1.4 CITY-ST-ZIP	Revere MA 02151
2.1 TITLE	Admin. Vice-President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pat Boyd
2.3 STREET ADDRESS	4011 Claire Street
2.4 CITY-ST-ZIP	Madison WI 53716
3.1 TITLE	Secretary D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Connie Mallett
3.3 STREET ADDRESS	22746 Cortes Drive
3.4 CITY-ST-ZIP	Novi MI 48375
4.1 TITLE	Treasurer D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Freda Mark
4.3 STREET ADDRESS	1055 Charleville Ave.
4.4 CITY-ST-ZIP	St. Louis MO 63119
5.1 TITLE	V.P. Membership D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jo Johnson
5.3 STREET ADDRESS	2465 Beech Street
5.4 CITY-ST-ZIP	Cuyahoga Falls OH 44221
6.1 TITLE	V.P. Community Relation D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Judge Foy
6.3 STREET ADDRESS	1309 Maria Drive
6.4 CITY-ST-ZIP	Sulpher LA 70663-5618

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.

CR2E037 (9/96)