

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008804

FILED  
Aug 06, 2006  
Secretary of State

**Entity Name:** PARENTS AGAINST SEXUAL CRIMES, INC.

**Current Principal Place of Business:**

147 ELDREDGE ROAD  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

147 ELDREDGE ROAD  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PAPPAS, JENNY K  
147 ELDREDGE ROAD  
FORT WALTON BEACH, FL 32547      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P                      ( ) Delete  
Name: PAPPAS, JENNY K  
Address: 14 7 ELDREDGE ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S, T                      ( ) Delete  
Name: KLIMETZ, DIANE  
Address: 113 HOLLYWOOD BLVD., NW  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D                      ( ) Delete  
Name: PAPPAS, JEFFERY J  
Address: 147 ELDREDGE ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP                      ( ) Delete  
Name: BORINSKI, GEORGE  
Address: 42 MEIGS DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: D                      ( ) Delete  
Name: BORINSKI, PATRICIA  
Address: 42 MEIGS DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: D                      ( ) Delete  
Name: KIEPKE, BEVERLY M  
Address: 303 NW LINDA LANE  
City-St-Zip: FORT WALTON BEACH, FL 32548

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S, T                      (X) Change ( ) Addition  
Name: KLIMETZ, DIANE  
Address: 201 WILLARD ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP                      (X) Change ( ) Addition  
Name: BORINSKI, GEORGE  
Address: 329 JAMAICA WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: D                      (X) Change ( ) Addition  
Name: BORINSKI, PATRICIA  
Address: 329 JAMAICA WAY  
City-St-Zip: NICEVILLE, FL 32578

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNY K. PAPPAS

PRES

08/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date