

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005782

FILED
Mar 28, 2009
Secretary of State

Entity Name: PARENTS WITHOUT PARTNERS, INC. - CHAPTER 1385

Current Principal Place of Business:

22508 SEA BASS DRIVE
BOCA RATON, FL 33428

New Principal Place of Business:

9200 NW 16TH STREET
CORAL SPRINGS, FL 33071

Current Mailing Address:

P.O. BOX 9051
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 42-1728678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEILSON, MICHAELA
12577 NW 57TH PLACE
POMPAN0 BEACH, FL 33076 US

Name and Address of New Registered Agent:

STEINER, GAIL
9200 NW 16TH STREET
CORAL SPRINGS, FL 33071 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: GAIL STEINER

03/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEILSON, MICHAELA
Address: 12577 NW 57TH PL.
City-St-Zip: CORAL SPRINGS, FL 33076

Title: V () Delete
Name: NEILSON, MICHAELA
Address: 1078 FAIRFIELD MEADOWS RD.
City-St-Zip: WESTON, FL 33327

Title: T () Delete
Name: STEINER, GAIL
Address: 9200 NW 16TH ST.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T () Delete
Name: ECKARDT, CHARLES
Address: 2701 N. OCEAN BLVD.
City-St-Zip: BOCA RATON, FL 33432

Title: S (X) Delete
Name: STEINBERG, ALISON
Address: 11470 NW 56TH DRIVE #104
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEINER, GAIL
Address: 9200 NW 16TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: V (X) Change () Addition
Name: KENT, AMY
Address: 5061 NW 45 TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: T (X) Change () Addition
Name: RHODES, KRISTY
Address: 7121 SW 6TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: S (X) Change () Addition
Name: ALICIA, ADKINS
Address: 8851 NW 78 STREET, #189
City-St-Zip: TAMARAC, FL 33321

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

I hereby certify that the information supplied with this filing does not qualify 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: GAIL STEINER

PD

03/28/2009

Electronic Signature of Signing Officer or Director

Date