

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005967

FILED
Mar 18, 2009
Secretary of State

Entity Name: PARENTS WITHOUT PARTNERS OF THE TREASURE COAST CHAPTER 1400, INC.

Current Principal Place of Business:

632 SE CAPON TERRACE
PORT ST LUCIE, FL 34983

New Principal Place of Business:

191 SE NARANJA AVENUE
PORT ST LUCIE, FL 34983

Current Mailing Address:

PO BOX 9345
PORT ST LUCIE, FL 34985

New Mailing Address:

FEI Number: 80-0195546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, SONIA
632 SE CAPON TERRACE
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

PARRISH, MICHELE
191 SE NARANJA AVENUE
PORT ST LUCIE, FL 34983 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: MICHELE PARRISH

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUIZ, SONIA
Address: 632 SE CAPON TERRACE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP () Delete
Name: HUTCHINSON, DAWN A
Address: 2513 SE MORNINGSIDE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S () Delete
Name: FASANO, NELLY E
Address: 211 SW DELEON SPRINGS DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: T () Delete
Name: SMALL, MARCY K
Address: 2248 S.W. NEWPORT ISLES BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RENFRO, RYAN
Address: 341 EPPING COURT
City-St-Zip: PALM BAY, FL 32807

Title: VP (X) Change () Addition
Name: PARRISH, MICHELE
Address: 191 SE NARANJA AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: S (X) Change () Addition
Name: FEHR, JENNI JO
Address: 153 SE CROSSPOINT DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: T (X) Change () Addition
Name: LONG, MICHELLE
Address: 458 SE WALTERS TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34983

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: MICHELE PARRISH

VP

03/18/2009

Electronic Signature of Signing Officer or Director

Date