

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005967

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

191 SE NARANJA AVENUE  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

6772 IXORA DR  
MIRAMAR, FL 33023

**Current Mailing Address:**

PO BOX 9345  
PORT ST LUCIE, FL 34985

**New Mailing Address:**

PO BOX 245094  
PEMBROKE PINES, FL 33024

**FEI Number:** 80-0195546

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

MORGAN, BOB  
6772 IXORA DR  
MIRAMAR, FL 33023 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: BOB MORGAN

04/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MORGAN, BOB  
Address: 6772 IXORA DR  
City-St-Zip: MIRAMAR, FL 33023

I hereby 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 all other like empowered.

SIGNATURE: BOB MORGAN

P

04/30/2010

Electronic Signature of Signing Officer or Director

Date