

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:13

DOCUMENT # **N13927 (1)**

1. Corporation Name
PARENTS WITHOUT PARTNERS INC. CHAPTER 545, GULF SHORE CHAPTER

Principal Place of Business Mailing Address
~~P.O. BOX 0465~~ **P.O. Box 4245**
~~N FT. MYERS FL 33918-0465~~ **N FT. MYERS FL 33918-4245**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/15/1986** 3a. Date of Last Report **03/31/1994**
4. FEI Number **23-7178722** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **NO N-PROFIT** 26
22 Suite, Apt. #, etc. 27
23 City & State 28
24 Zip 25 Country 29 Zip 30 Country

B. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MCKOWN, SHERRI M.~~ **GUS DEMARCO**
~~4528 COUNTRY CLUB BV.~~ **1334 SE 12TH ST**
~~CAPE CORAL FL 33904~~ **CAPE CORAL FL**

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **05/21/95**
Signature (typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **MCKOWN, SHERRI M.**
STREET ADDRESS **4528 COUNTRY CLUB BV.**
CITY - ST - ZIP **CAPE CORAL FL 33904**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **TREASURER**
NAME **FRITSCH, DORIS**
STREET ADDRESS **386 JOHN ALDEN LN**
CITY - ST - ZIP **N FT MYERS FL 33917**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **SD**
NAME **THOMPSON, SHARON**
STREET ADDRESS **3802 SE 4TH AVE.**
CITY - ST - ZIP **CAPE CORAL FL 33904**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **U.P. LETIZIA TRIP**
NAME **SEARS, ALW.**
STREET ADDRESS **1515 ALHAMBRA DR.**
CITY - ST - ZIP **FT MYERS FL 33905**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *[Signature]*
SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)