

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N13927** (1)  
1. Corporation Name  
**PARENTS WITHOUT PARTNERS INC. CHAPTER 545, GULF SHORE CHAPTER**



Principal Place of Business: P O BOX 4245, N FT MYERS FL 33918-4245, US  
Mailing Address: P O BOX 4245, FT MYERS FL 33918-4245, US

3. Date Incorporated or Qualified: **03/15/1986**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>23-7178722</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	Zip		Country			
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DE MARCO, GUS</b> <b>1334 SE 12TH ST</b> <b>CAPE CORAL FL 33904</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PDD</b>	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE MARCO, GUS</b>		1.2 NAME				
STREET ADDRESS	<b>1334 SE 12TH ST</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>CAPE CORAL FL</b>		1.4 CITY-ST-ZIP				
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DT</b>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRITSCH, DORIS</b>		2.2 NAME	<b>DUNOVAN, James H., II</b>			
STREET ADDRESS	<b>386 JOHN ALDEN LN</b>		2.3 STREET ADDRESS	<b>1316 S. E. 42nd St.</b>			
CITY-ST-ZIP	<b>N FT MYERS FL</b>		2.4 CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>			
TITLE	<b>SDD</b>	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHROEDER, BARB</b>		3.2 NAME				
STREET ADDRESS	<b>5220-3 CEDAR BEND</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>FT MYERS FL</b>		3.4 CITY-ST-ZIP				
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>VPD</b>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRIPP, LETIZIA</b>		4.2 NAME	<b>VAUGHAN, IREN</b>			
STREET ADDRESS	<b>2604 SE 16TH PLACE</b>		4.3 STREET ADDRESS	<b>Lot # 335, 16th St. Carlos Blvd.</b>			
CITY-ST-ZIP	<b>CAPE CORAL FL</b>		4.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33908</b>			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 119.07(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: James H. Donovan, Treasurer 3/11/96 Date: 941-644-2151 Ext. 256 Daytime Phone #

CR2E037 (12/95)