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NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

P O BOX 4245
N FT MYERS FL 33918-4245
US

P O BOX 4245
N. FT MYERS FL 33918-4245
US

3. Date Incorporated or Qualified 03/15/1986
3a. Date of Last Report 03/15/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 23-7178722
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired [] \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [X] No

24 [] 25 Lee

29 [] 30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE MARCO, GUS
1334 SE 12TH ST
CAPE CORAL FL 33904

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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDD [X] DELETE
NAME DE MARCO, GUS
STREET ADDRESS 1334 SE 12TH ST
CITY-ST-ZIP CAPE CORAL FL

1.1 TITLE P.D.D [X] Change [] Addition
1.2 NAME SHARON BRedeK
1.3 STREET ADDRESS 3802 S.E. 4th Ave.
1.4 CITY-ST-ZIP CAPE CORAL, FL. 33904

TITLE DT [] DELETE
NAME DONOVAN, JAMES H. II
STREET ADDRESS 1316 SE 42ND STREET
CITY-ST-ZIP CAPE CORAL FL

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SDD [X] DELETE
NAME SCHROEDER, BARB
STREET ADDRESS 5220-3 CEDAR BEND
CITY-ST-ZIP FT MYERS FL

3.1 TITLE SDD MARGANET Darby [X] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS 1226 MIRACLE PARKWAY
3.4 CITY-ST-ZIP CAPE CORAL, FL. 33914

TITLE VPD [X] DELETE
NAME VAUGHAN, BEN
STREET ADDRESS LOT #335 -16410 SAN CARLOS BLVD
CITY-ST-ZIP FORT MYERS FL

4.1 TITLE VPD [X] Change [] Addition
4.2 NAME Alice EVERETT
4.3 STREET ADDRESS 1839 S.E. 46th LANE
4.4 CITY-ST-ZIP CAPE CORAL, FL. 33904

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 A. Donnan

2/13/97 941-694-2151 Ex 219

CR2E037 (9/96)