

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 APR 23 PM 3: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 FT MYERS FL 33918-4245 US**

3. Date Incorporated or Qualified
03/15/1986
4. FEI Number
23-7178722

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**DE MARCO, GUS
1334 SE 12TH ST
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BREDEK, SHARON	
STREET ADDRESS	3802 S.W. 4TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DONOVAN, JAMES H. II	
STREET ADDRESS	1318 SE 42ND STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	DARBY, MARGARET	
STREET ADDRESS	1226 MIRACLE PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	EVERTT, ALICE	
STREET ADDRESS	13395 E. 48TH LANE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4717-SW 13 AVE #207
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33914
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	A. Penny Woods VPD
4.3 STREET ADDRESS	6142 Whiskey Creek Dr. #610
4.4 CITY-ST-ZIP	Fort Myers, FL 33919
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 H. Donovan II* **JAMES H. DONOVAN, II 1/21/98 941-945-6385**

CR2E037 (10/97)