


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90091 033 \*\*\*\*61.25  
 09-21-1999 90024 013 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N13927</b> 1. Corporation Name <b>PARENTS WITHOUT PARTNERS INC. CHAPTER 545, GULF SHORE CHAPTER</b>		
Principal Place of Business P O BOX 60935 FT MYERS FL 33906-0935 US	Mailing Address P O BOX 60935 FT MYERS FL 33906-0935 US	

\* 6 618219-90024-13 9 \*



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/15/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7178722 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREDEK, SHARON	1.2 NAME	Loretha Bocoock
STREET ADDRESS	4717 S.W. 13TH AVENUE #207	1.3 STREET ADDRESS	18447 Fuchsia Rd
CITY-ST-ZIP	CAPE CORAL FL 33914	1.4 CITY-ST-ZIP	Ft Myers FL 33912
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, JAMES H. II	2.2 NAME	Lewis Schmalstig
STREET ADDRESS	1316 SE 42ND STREET	2.3 STREET ADDRESS	8948 Forest St.
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Ft Myers FL 33907-5915
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARBY, MARGARET	3.2 NAME	
STREET ADDRESS	1226 MIRACLE PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, A. PENNY	4.2 NAME	
STREET ADDRESS	6142 WHISKEY CREEK DRIVE, #610	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919	4.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Loretha Bocoock* SIGNATURE REQUIRED 9-10-99 941-997-3860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2FN37 (5/99)