


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90003 045 ****61.25

DOCUMENT # N13927			
1. Entity Name PARENTS WITHOUT PARTNERS INC. CHAPTER 545, GULF SHORE CHAPTER			
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		07222004	Chg-NP CR2E037 (10/03)
		4. FEI Number 23-7178722	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DE MILO, MARIE 5750 BASS CIRCLE FORT MYERS, FL 33919		Name <u>Betty Forton</u> Street Address (P.O. Box Number is Not Acceptable) <u>18541 Oriole Rd</u> City <u>Ft Myers FL</u> <u>33912</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Betty Forton</u>		DATE <u>8/3/04</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MILO, MARIE	NAME	Betty Forton
STREET ADDRESS	50750 BASS CIRCLE	STREET ADDRESS	18541 Oriole Rd
CITY-ST-ZIP	FT. MYERS, FL 32919	CITY-ST-ZIP	Ft Myers, FL 33912
TITLE	VD <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STITES, BARBARA	NAME	
STREET ADDRESS	4609 SE 4TH PLACE	STREET ADDRESS	16590 Partridge Pl #204
CITY-ST-ZIP	CAPE CORAL, FL 33914	CITY-ST-ZIP	Ft Myers FL 33908
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSH, JANET	NAME	Boyce Gure
STREET ADDRESS	1569 MANCHESTER BLVD	STREET ADDRESS	14531 Grande Bay Cr. # 3002
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	Ft Myers, FL 33908
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	UPM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, DAVID B	NAME	Rose Christopher
STREET ADDRESS	1830 BRANTLEY RD., APT 13	STREET ADDRESS	3215 SE 2nd Ave
CITY-ST-ZIP	FORT MYERS, FL 33907	CITY-ST-ZIP	Cape Coral FL 33904
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE <u>Betty Forton</u>		DATE <u>8/3/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	