

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N15677 (0)

1. Corporation Name

PARENTS WITHOUT PARTNERS INC. SOUTH COUNTY CHAPT  
ER #821

Principal Place of Business

Mailing Address

P.O. BOX 1040  
VENICE FL 34284-8040

P.O. BOX 1040  
VENICE FL 34284-8040



3. Date Incorporated or Qualified  
07/01/1986

3a. Date of Last Report  
08/04/1995

4. FEI Number  
52-1322429

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, MYRON  
370 MORNINGSIDE RD  
VENICE FL 34293

81 Name

Barbara Kipp

82

Street Address (P.O. Box Number is Not Acceptable)  
5036 Florida Road

83

84

City  
Venice

FL

85

Zip Code  
34293

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

Barbara Kipp, Vice President

(NOTE: Registered Agent signature required when reinstating)

July 31, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JOHNSON, RON  
STREET ADDRESS 11972 NEUMANS TERR  
CITY-ST-ZIP ARCADIA FL

TITLE SD  
NAME LUKENS, LINDA  
STREET ADDRESS 1050 CAPRI ISLES BLVD Q103  
CITY-ST-ZIP VENICE FL

TITLE VD  
NAME LEE, MYRON  
STREET ADDRESS 370 MORNINGSIDE RD  
CITY-ST-ZIP VENICE FL

TITLE TD  
NAME WEST, LISA  
STREET ADDRESS 650 SURGARWOOD TR  
CITY-ST-ZIP VENICE FL

TITLE VD  
NAME PAGE, BILLIE SUE  
STREET ADDRESS 6345 FREEMONT ST  
CITY-ST-ZIP NORTH PORT FL

TITLE VD  
NAME COPE, PATRICIA  
STREET ADDRESS 305 HILLVIEW RD  
CITY-ST-ZIP VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Richard Colclough  
1.2 NAME 111 Jose Gaspar Drive  
1.3 STREET ADDRESS Englewood, FL. 34223  
1.4 CITY-ST-ZIP

2.1 TITLE VP  
2.2 NAME Barbard Kipp  
2.3 STREET ADDRESS 5036 Florida Road  
2.4 CITY-ST-ZIP Venice, FL. 34293

3.1 TITLE Secretary  
3.2 NAME Deanna Mazze  
3.3 STREET ADDRESS 116 Colonia Lane E.  
3.4 CITY-ST-ZIP Nokomis, FL. 34275

4.1 TITLE Treasurer  
4.2 NAME Barbara Kipp  
4.3 STREET ADDRESS 5036 Florida Road  
4.4 CITY-ST-ZIP Venice, FL. 34293

5.1 TITLE VP Membership  
5.2 NAME Patricia Cope  
5.3 STREET ADDRESS 305 Hillview Road  
5.4 CITY-ST-ZIP Venice, FL. 34293

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

Barbara Kipp, Vice President July 31, 1996 (941) 493-8663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0014896

CR2E037 (3/96)