

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N21166 (6)

1. Corporation Name

PARENT TO PARENT OF NORTH BREVARD, INC.



Principal Place of Business

Mailing Address

G/O ARLENE HUSSON Tess O'Donnell  
P.O. BOX 326 5946 Deer Lane  
MIMS FL 32794 Cocoa, FL 32927

G/O ARLENE HUSSON Tess O'Donnell  
P.O. BOX 326 5946 Deer Lane  
MIMS FL 32794 Cocoa, FL 32927

3. Date Incorporated or Qualified

06/17/1987

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 5946 Deer Lane

26 5946 Deer Lane

4. FEI Number

59-2837841

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Cocoa, FL

28 Cocoa FL

Zip

Country

Zip

Country

24 32927

25 U.S.A.

29 32927

30 U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, THERESA  
2945 ELMWOOD COURT  
TITUSVILLE FL 32780

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 PD  
NAME MURPHY, THERESA  
STREET ADDRESS 2945 ELMWOOD COURT  
CITY-ST-ZIP TITUSVILLE FL 32780

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD  
NAME O'DONNELL, CELESTE  
STREET ADDRESS 5946 DEER LANE  
CITY-ST-ZIP COCOA FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD  
NAME BERRY, VALORIE  
STREET ADDRESS 2905 ST. MARKS DRIVE  
CITY-ST-ZIP TITUSVILLE FL 32780

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD  
NAME WATTS, KATHY  
STREET ADDRESS 510 ELEANOR STREET  
CITY-ST-ZIP MERRITT ISLAND FL 32953

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME ZOLLER, KAREN  
STREET ADDRESS 4255 DIXIE WAY  
CITY-ST-ZIP TITUSVILLE FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME HUSSON, ARLENE  
STREET ADDRESS 4915 CARODOC CIRCLE  
CITY-ST-ZIP TITUSVILLE FL 32796

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

*Theresa A. Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 407383-0410  
Date Daytime Phone #

CR2E037 (12/95)