


FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21166** (6)

1. Corporation Name

PARENT TO PARENT OF NORTH BREVARD, INC.



Principal Place of Business C/O TESS O'DONNELL 5946 DEER LANE COCOA FL 32927 US	Mailing Address C/O TESS O'DONNELL 5946 DEER LANE COCOA FL 32927-8031 US
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3. Date Incorporated or Qualified 06/17/1987	3a. Date of Last Report 02/06/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2837841	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MURPHY, THERESA 2945 ELMWOOD COURT TITUSVILLE FL 32780	
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10. Name and Address of New Registered Agent 81 Name Celeste R. O'Donnell 82 Street Address (P.O. Box Number is Not Acceptable) 5946 DEER LANE 83 84 City Cocoa FL 85 Zip Code 32927	
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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: *Celeste R. O'Donnell* DATE: **2/27/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	MURPHY, THERESA	
STREET ADDRESS	2945 ELMWOOD COURT	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	O'DONNELL, CELESTE	
STREET ADDRESS	5946 DEER LANE	
CITY-ST-ZIP	COCOA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BERRY, VALORIE	
STREET ADDRESS	2905 ST. MARKS DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WATTS, KATHY	
STREET ADDRESS	510 ELEANOR STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZOLLER, KAREN	
STREET ADDRESS	4255 DIXIE WAY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUSSON, ARLENE	
STREET ADDRESS	4915 CARODOC CIRCLE	
CITY-ST-ZIP	TITUSVILLE FL 32786	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	VD/SD	
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" 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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 do 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: *Celeste R. O'Donnell* DATE: **2/27/97** 632-9750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Celeste R. O'Donnell** Daytime Phone # **0019170**

CR2E037 (9/96)