

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:35

DOCUMENT # **N26459 (0)**

1. Corporation Name

**PARENT TO PARENT OF PINELLAS COUNTY, INC.**

Principal Place of Business

Mailing Address

1980 E. DRUID RD.  
CLEARWATER FL 34625  
US

1998 SUN TREE BLVD.  
CLEARWATER FL 34623  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

05/16/1988

05/01/1994

4. FEI Number

59-2942386

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1960 E. Druid Rd

22 City & State

27 Clearwater, FL

23 Zip

Country

28 34625

Country

30 US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

RANS DELL, JADENE  
1998 SUN TREE BOULEVARD  
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

81 Name Helen Sandonato  
82 Street Address (P.O. Box Number is Not Acceptable) 1856 Barcelona Drive  
83  
84 City Dunedin FL 85 Zip Code 34698

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Helen Sandonato*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	FONT, KATHY
STREET ADDRESS	808 EVELYN AVENUE
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	WHALEN, SUZ AND JOE
STREET ADDRESS	4730 30 AVE N
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	DS
NAME	PAPPAS, GEORGIA
STREET ADDRESS	4788 BRAYTON TERRACE SOUTH
CITY - ST - ZIP	PALM HARBOR FL
TITLE	DY
NAME	<del>KEITH, ADAM</del> Susan
STREET ADDRESS	1416 73RD CIR NE
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	D
NAME	PIRRELLO, KARYN
STREET ADDRESS	10697 DEL PRADO DRIVE EAST
CITY - ST - ZIP	LARGO FL
TITLE	DP
NAME	RANSDELL, JADENE
STREET ADDRESS	1998 SUN TREE BLVD
CITY - ST - ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Amy Wood	
1.3 STREET ADDRESS	7527 7th Lane N	
1.4 CITY - ST - ZIP	ST. PETERSBURG FL 33702	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Karen Beard	
2.3 STREET ADDRESS	1473 Union Street	
2.4 CITY - ST - ZIP	Clearwater, FL 34615	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Susan Duwa	
3.3 STREET ADDRESS	403 S. Mayo St	
3.4 CITY - ST - ZIP	Crystal Beach, FL 34681	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Susan Caserta	
4.3 STREET ADDRESS	901 Clearwater - Largo Rd.	
4.4 CITY - ST - ZIP	Largo, FL 34640	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Helen Sandonato	
6.3 STREET ADDRESS	1856 Barcelona Dr.	
6.4 CITY - ST - ZIP	Dunedin, FL 34698	

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 110.07(3)(4), Florida Statute. 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: *Helen Sandonato* Helen Sandonato 3-27-95 462-4606 <sup>813</sup>