

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 # **N26459 (0)**
1. Corporation Name
PARENT TO PARENT OF PINELLAS COUNTY, INC.



Principal Place of Business: **1960 E. DRUID RD. CLEARWATER FL 34625 US**
Mailing Address: **1960 E. DRUID RD CLEARWATER FL 34625 US**

3. Date Incorporated or Qualified: **05/16/1988**
3a. Date of Last Report: **03/31/1995**

21. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2942386		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SANDONATO, HELEN 1856 BARCELONA DRIVE DUNEDIN FL 34698				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOD, AMY			1.2 NAME	Jacque Hathaway-mortham		
STREET ADDRESS	7527 7TH LANE N			1.3 STREET ADDRESS	1000 10th st sw		
CITY-ST-ZIP	ST PETERSBURG FL			1.4 CITY-ST-ZIP	Large, FL 34610		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEARD, KAREN			2.2 NAME	Shirley Lawyer		
STREET ADDRESS	1473 UNION STREET			2.3 STREET ADDRESS	1529 Regina Dr. w.		
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-ST-ZIP	Large, FL 34640		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Wendy Davis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUWA, SUSAN			3.2 NAME	2182 Brent Pl.		
STREET ADDRESS	403 S MAYO ST			3.3 STREET ADDRESS	Palm Harbor, FL 34683		
CITY-ST-ZIP	CRYSTAL BEACH FL			3.4 CITY-ST-ZIP	34683		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Suzanne Kroupa	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASERTA, SUSAN			4.2 NAME	2973 Cypress Pointe Ct		
STREET ADDRESS	901 CLEARWATER LARGO RD			4.3 STREET ADDRESS	Tarpon Springs, FL 34689		
CITY-ST-ZIP	LARGO FL			4.4 CITY-ST-ZIP	34689		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIRRELLO, KARYN			5.2 NAME			
STREET ADDRESS	10697 DEL PRADO DRIVE EAST			5.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL			5.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDONATO, HELEN			6.2 NAME			
STREET ADDRESS	1856 BARCELONA DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL			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: Helen Sandonato (Helen Sandonato) 3/15/96 813-462-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)