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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
1980 E. DRUID RD. CLEARWATER FL 34625 US
1980 E. DRUID RD CLEARWATER FL 34624-4722 US

3. Date Incorporated or Qualified 05/16/1988
3a. Date of Last Report 03/22/1996

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 34624 25 29 30

4. FEI Number 59-2942386 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

9. Name and Address of Current Registered Agent
SANDONATO, HELEN
1856 BARCELONA DRIVE
DUNEDIN FL 34698

10. Name and Address of New Registered Agent
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	DD HATHWAY-MORTHAM, JACQUE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 10TH STREET SW	1.2 NAME	
STREET ADDRESS	LARGO FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DT LAWYER, SHIRLEY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1509 REGINA DRIVE W	2.2 NAME	
STREET ADDRESS	LARGO FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D DAVIS, WENDY	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2182 BRENT PLACE	3.2 NAME	DS Betty Jahnke
STREET ADDRESS	PALM HARBOR FL	3.3 STREET ADDRESS	365 Oleander Pl.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	D KROUPA, SUZANNE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2973 CYPRESS POINTE CIRCLE	4.2 NAME	Vicki milliron DT
STREET ADDRESS	TARPON SPRINGS FL	4.3 STREET ADDRESS	1837 Feather tree Cir.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL 34625
TITLE	D PIRRELLO, KARYN	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10697 DEL PRADO DRIVE EAST	5.2 NAME	D Jadene Ransdell
STREET ADDRESS	LARGO FL	5.3 STREET ADDRESS	1998 Suntree Blvd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Clearwater, FL 34623
TITLE	DP SANDONATO, HELEN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1856 BARCELONA DR	6.2 NAME	
STREET ADDRESS	DUNEDIN FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Helen Sandonato* 3/18/97 813-462-9687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067568

CR2E037 (9/96)