

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26459 (0)**  
 1. Corporation Name  
**PARENT TO PARENT OF PINELLAS COUNTY, INC.**

Principal Place of Business <b>1960 E. DRUID RD. CLEARWATER FL 34624 US</b>	Mailing Address <b>1960 E. DRUID RD CLEARWATER FL 34625 US</b>
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3. Date Incorporated or Qualified <b>05/16/1988</b>		
4. FEI Number <b>59-2942386</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.		
23. City & State	27. City & State		
24. Zip	25. Country	28. Zip	29. Country

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	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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HATHWAY-MORTHAM, JACQUE	
STREET ADDRESS	1000 10TH STREET SW	
CITY-ST-ZIP	LARGO FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LAWYER, SHIRLEY	
STREET ADDRESS	1509 REGINA DRIVE W	
CITY-ST-ZIP	LARGO FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	JAHNKE, BETTY	
STREET ADDRESS	365 OLEANDER PL	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MILLIRON, VICKY	
STREET ADDRESS	1837 FEATHER TREE CR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIRRELLO, KARYN	
STREET ADDRESS	10697 DEL PRADO DRIVE EAST	
CITY-ST-ZIP	LARGO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SANDONATO, HELEN	
STREET ADDRESS	1856 BARCELONA DR	
CITY-ST-ZIP	DUNEDIN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Jadene Ransdell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1998 Sunrice Blvd	
1.3 STREET ADDRESS	Clearwater, FL 3	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input 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 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* 2/9/98 813-462-9606

CR2E037 (10/97)