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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N26459

1. Corporation Name

PARENT TO PARENT OF PINELLAS COUNTY, INC.

Principal Place of Business

1960 E. DRUID RD.
 CLEARWATER, FL 34624
 US

Mailing Address

1960 E. DRUID RD
 CLEARWATER FL 34625
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 County

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

05/16/1988

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

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE **DS**
 NAME **JADENE RANDELL**
 STREET ADDRESS **1998 SUNTREE BLVD**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **DT**
 NAME **LAWYER, SHIRLEY**
 STREET ADDRESS **1509 REGINA DRIVE W**
 CITY-ST-ZIP **LARGO FL**

TITLE **DT**
 NAME **MILLIRON, VICKY**
 STREET ADDRESS **1837 FEATHER TREE CR**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **D**
 NAME **PIRRELLO, KARYN**
 STREET ADDRESS **10697 DEL PRADO DRIVE EAST**
 CITY-ST-ZIP **LARGO FL**

TITLE **DP**
 NAME **SANDONATO, HELEN**
 STREET ADDRESS **1856 BARCELONA DR**
 CITY-ST-ZIP **DUNEDIN FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Kim Thomas
234 Arbor Dr E
Palm Harbor, FL 34683

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

727-462-9687

Date Daytime Phone #

CR2E037 (11/98)