

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 # **N32367** (7)
1. Corporation Name
PARENT TO PARENT OF ALACHUA COUNTY, INC.



Principal Place of Business: **921 NW 55TH STREET GAINESVILLE FL 32604 US**
Mailing Address: **PO BOX 12546 GAINESVILLE FL 32604 US**

3. Date Incorporated or Qualified: **05/17/1989**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **59-3012343**
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

2. Principal Place of Business: **21 5751 NW 7th Ave**
2a. Mailing Address: **26 Suite, Apt. #, etc.**
22 City & State: **27 Gainesville FL**
23 Zip: **25 32607** Country: **29 USA**

9. Name and Address of Current Registered Agent: **DISNEY, MARY 921 NW 55TH TERR GAINESVILLE FL 32605**
10. Name and Address of New Registered Agent: **81 Name Jackie Garrett 82 Street Address (P.O. Box Number is Not Acceptable) 5751 NW 7th Ave 83 Gainesville 84 City FL 85 Zip Code 32607**

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: **Jackie Garrett Jackie Garrett 6.24.96**
Signature, typed or printed name of registered agent and title if applicable (NO) If interested Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DISNEY, MARY	
STREET ADDRESS	921 N.W. 55H TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BOSTICK, PATTI	
STREET ADDRESS	3118 SE 29 LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SLATER, PHILLIP H.	
STREET ADDRESS	2211 NW 25 STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	WEBSTER, GWEN	
STREET ADDRESS	2026 NW 34TH ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAMILTON, RONNIE	
STREET ADDRESS	1923 N.W. 23RD AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	LEA, ISOLTE	
STREET ADDRESS	PO BOX 15301	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dianna Vaughn (Vaughn, Danna)	
1.3 STREET ADDRESS	Rt 1 Box 167	
1.4 CITY-ST-ZIP	Brooker, FL 32622	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carol Furtado (Furtado, Carol)	
2.3 STREET ADDRESS	POB 2111 N/A	
2.4 CITY-ST-ZIP	Alachua, FL 32615	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Disney, Mary	
3.3 STREET ADDRESS	921 NW 55th Terr.	
3.4 CITY-ST-ZIP	Gainesville FL 32607	
4.1 TITLE	M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Green, Gail	
4.3 STREET ADDRESS	9019 SW 65th Pl.	
4.4 CITY-ST-ZIP	Gainesville FL 32608	
5.1 TITLE	Jackie Garrett	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jackie Garrett	
5.3 STREET ADDRESS	5751 NW 7th Ave	
5.4 CITY-ST-ZIP	Gainesville FL 32607	
6.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lea, Isolte	
6.3 STREET ADDRESS	POB 15301 N/A	
6.4 CITY-ST-ZIP	Gainesville FL 32607	

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: **Jackie Garrett Jackie Garrett 6.24.96 362-331-5561**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (12/95)