SECOND NOT	TICE: CORPORATION WILL BE DI BEFORE 8/7/96: \$61.25 (IF DISSOLV	ISSOLVED ON OR AFTER AU ED, MINIMUM AMOUNT DUE TO	IGUST 7, 1996. D REINSTATE: \$236.25.	<u>)</u>	
NONF	PROFIT DRATION	FLORIDA DEPARTM	MENT OF STATE		
	_ REPORT	Secretary of	of State		
	967-269	B- DIVISION OF COL	RPORATIONS C	-	
DOCUMI 1. Corporation Na	ame	• •			
	EE COUNTY CHAPTER #1	277 PARENTS WITHOU			
Principal Place of	Business	Mailing Address			
P.O. BOX 1566 BRADENTON FL	34206	P.O. BOX 1566 BRADENTON FL 34206		Date Incorporated or Qualified	3a. Date of Last Report
				05/21/1990	05/01/1995
2. Principal Plac		2a. Mailing Address 26 P.O. BOX /	1478	4. FEI Number 65-0148094	Applied For Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	antar 21	City & State 28 BRADEN TON	7L	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country 30 MANA+6	This corporation has liability for Florida Statutes	Yes X No
24 3428	2 25 MANATEC 9. Name and Address of Current			10. Name and Address of New R	
0100F*			81 Name 82 Street Ad	ddress (P.O. Box Number is Not Accepta	inhoLD
4805 B 25TH STREET, W.			82 Street Ad	07 Evergreen	I'R 10B
	ITON FL 34207			<u> </u>	85 Zip Code
				RAD EN TON	FL 34209
11. Pursuant to office or rec	the provisions of Sections 617.0502 gistered agent, or both, in the State of familiar with, and accept the obliga	2 and 617.1508, Florida Statute of Florida, Such change was au tions of, Section 617.0503, Flor	s, the above-named or thorized by the corpo- rida Statutes.	orporation submits this statement for the ration's board of directors. Thereby acce	
agent.1am	Tamiliar With, and accept the obligation	ho LD	E: Registered Agent signature in	nera Keinkald	7//9/96 DATE
12.	signature, typed or printed name of registered ager OFFICERS AND	nt and title if applicable (NOTI D DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12  Change Addition
TITLE	D	DELETE	1	D Veronica Reinhold	
NAME expect anomess	BURNS, BARBARA 3119 52ND AVE DR W		1.3 STREET ADDRESS	6107Evergreen C"	R 100
STREET ADDRESS   CITY-ST-ZIP	BRADENTON FL		1.4 CITY - ST - ZIP	BRADENTON, 74	3 42 0 9 ☐ Change ☐ Addition
TITLE	D CLADACH SADAH	DELETE	21 TITLE 22 NAME		
NAME STREET ADDRESS	SLABACH, SARAH 4960 MCINTOSH RD		2 3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1 160	2.4 CITY - ST - ZIP		Change Addition
TITLE	O CODUCHUM MAUREEN	DELETE	3 1 TITLE 3 2 NAME		<i>_</i> <del>_</del>
NAME STREET ADDRESS	COPUGHLIN, MAUREEN 5725 50TH ST STE 1416		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		3.4. CITY - ST - ZIP		Change Addition
TITLE	FD CARDENTED MAYINE	DELETE	4.1 TITLE 4.2 NAME	Thomas QuiNN JR.	
NAME STREET ADDRESS	CARPENTER, MAXINE 4805 B 25TH STREET, W.		4.3 STREET ADDRESS	Thomas QuiNN JR. 500 Bayshore DR.	157
STREET ADDRESS CITY-ST-ZIP	BRADENTON FL		4.4 CiTY - ST - ZiP	Terra Ceia 71.342	Change Addition
TITLE		DELETE	5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY - ST - ZIP		Change Addition
		DELETE	61 TITLE		L change L Addition
CITY-ST-ZIP TITLE		L. J DEELIE	PARILIE	1	
CITY-ST-ZIP TITLE NAME		L_I SECTIO	6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	0.01	ing 110 07/20/k) Elecida Statutas I
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	by certify that the information supplies that the information indicated	and with this filling is valuntarily	6.3 STREET ADDRESS 6.4 CITY - ST - ZIP furnished and does no	ot qualify for the exemption stated in Secti	ion 119.07(3)(k), Florida Statutes. I shall have the same legal effect as if by Chapter 617. Florida Statutes: and
CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP 14. I do here further cr	arniv mai me imormation indicated c	led with this filing is voluntarily in this annual report or suppler	6.3 STREET ADDRESS <u>6.4 CITY - ST - ZIP</u> furnished and does no mental annual report is	or qualify for the exemption stated in Section and accurate and that my signature has required as required	Dy Chapter 017,1 longs started
CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP 14. I do here further cr	arniv mai me imormation indicated c	led with this filing is voluntarily in this annual report or suppler	6.3 STREET ADDRESS <u>6.4 CITY - ST - ZIP</u> furnished and does no mental annual report is	ot qualify for the exemption stated in Secti	Dy Chapter 017, 1 lorida electrical