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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38260** (8)

1. Corporation Name

**MANATEE COUNTY CHAPTER #1277 PARENTS WITHOUT PAR
THERS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 11478
BRADENTON FL 34202
US

P.O. BOX 11478
BRADENTON FL 34202-1478
US



3. Date Incorporated or Qualified **05/21/1990** 3a. Date of Last Report **07/26/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0148094		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country		30 Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REINHOLD, VERONICA
6107 EVERGREEN CIRCLE
SUITE 108
BRADENTON FL 34209**

81 Name	SARAH SLABACH
82 Street Address (P.O. Box Number is Not Acceptable)	4960 MCINTOSH RD
83	
84 City	SARASOTA
85 Zip Code	FL 34233

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE *Sarah Slabach* DATE **5/12/97**
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REINHOLD, VERONICA	1.2 NAME	CAROL CRAWFORD
STREET ADDRESS	6107 EVERGREEN CIRCLE #108	1.3 STREET ADDRESS	7822 EAGLE CREEK DR
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLABACH, SARAH	2.2 NAME	
STREET ADDRESS	4960 MCINTOSH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPUGHLIN, MAUREEN	3.2 NAME	PATRICIA CASTLE
STREET ADDRESS	5725 50TH ST STE 1416	3.3 STREET ADDRESS	PO BOX 643
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	TALLEHAST FL 34207-0643
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINN, THOMAS	4.2 NAME	DAVID RIBALDO
STREET ADDRESS	500 BAYSHORE DRIVE	4.3 STREET ADDRESS	7994 MONTECELLO LN
CITY-ST-ZIP	TERRA CEIA FL	4.4 CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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 *Veronica Reinhold* DATE **5/12/97**

CR2E037 (9/96)