FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999-2000

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

FILED
00 MAY 15 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38260

1. Corporation Name

MANATEE COUNTY CHAPTER #1277 PARENTS WITHOUT PAR TNERS,INC.

Principal Place of Business	Mailing Address
P.O. BOX 11478 BRADENTON FL 34282 US	P.O. BOX 11478 BRADENTON FL 34282 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed	
		05/21/1990	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0148094	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CRAWFORD, CAROL
7822 EAGLE CREEK DR
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name: SARAH SLABACH
82 Street Address (P.O. Box Number is Not Acceptable): 4960 McIntosh Rd.
83:
84 City: SARASOTA FL 85 Zip Code: 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Sarah L. Slabach — SARAH SLABACH — 4/27/99
Signature of or printed name of registered agent and title if applicable — *FEI Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

Sarah Slabach 3/16/00

TITLE	DS	☐ DELETE
NAME	WILLIAMS, JANIS	
STREET ADDRESS	4001 BENEVA RD SUITE 306	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	DVP	☐ DELETE
NAME	KIPP, BARBARA	
STREET ADDRESS	5036 FLORIDA RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	☒ DELETE
NAME	LANOLOITZ, DAVID	
STREET ADDRESS	307 RADCUFFE PL	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	D	☒ DELETE
NAME	RIBALDO, DAVID	
STREET ADDRESS	7994 MONTECELLO LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	DP	☐ Change ☑ Addition
1.2 NAME	LAURIE KNOWLES	
1.3 STREET ADDRESS	2800 50TH AVE. W. #13	
1.4 CITY-ST-ZIP	BRADENTON FL 34207	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	900003286449--9	
2.3 STREET ADDRESS	-06/13/00--01025--017	
2.4 CITY-ST-ZIP	*****61.25 *****61.25	
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		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	99-00AR TS	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	05/04/99 90044 042 0025	
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. 3/16/00

SIGNATURE: Janis M. Williams — JANIS M. WILLIAMS — 4/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

PARENTS WITHOUT PARTNERS
MANATEE CHAPTER #1277
P.O. Box 11478
Bradenton, FL 34282

Jan. 31, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Manatee County Chapter #1277 Parents Without Partners
Ref. #N38260

Dear Sir or Madam:

Enclosed is our corrected Annual Report. The original report was sent in a timely manner, and our check was received and processed by you in May 1999 (copy attached).

We are asking that you waive the additional fee and reinstate our non-profit corporation.

If you have any questions, please contact me at (941)953-6113.

Sincerely,

Janis M. Williams

Janis M. Williams
Secretary