

FILE NOW: FILING FEE IS \$61.25

page 1 of 2

NONPROFIT CORPORATION ANNUAL REPORT 1999-2000				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N38260					
1. Corporation Name MANATEE COUNTY CHAPTER #1277 PARENTS WITHOUT PARTNERS, INC.					
Principal Place of Business P.O. BOX 11478 BRADENTON FL 34282 US			Mailing Address P.O. BOX 11478 BRADENTON FL 34262 US		

FILED

00 MAY 15 PM 12:54

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/21/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0148094	
City & State		City & State		5. Certificate of Status Desired	
23		28		8.75 Additional Fee Required	
Zip		Country		29	
24		30		6. Election Campaign Financing	
25		31		Trust Fund Contribution	
26		32		55.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CRAWFORD, CAROL 7822 EAGLE CREEK DR SARASOTA FL 34243		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 Slabach* SARAH SLABACH 4/27/99
 (NOTE: Registered Agent signature required when reinstating)

12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
DS 3/16/00 NAME WILLIAMS, JANIS STREET ADDRESS 4001 BENEVA RD SUITE 306 CITY-STATE-ZIP SARASOTA FL 34233 TITLE DVP NAME KIPP, BARBARA STREET ADDRESS 5036 FLORIDA RD CITY-STATE-ZIP VENICE FL 34293 TITLE D NAME LANOGLITZ, DAVID STREET ADDRESS 307 RADCUFFE PL CITY-STATE-ZIP BRADENTON FL 34207 TITLE D NAME RIBALDO, DAVID STREET ADDRESS 7994 MONTECELLO LANE CITY-STATE-ZIP SARASOTA FL TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP		DP NAME LAURIE KNOWLES STREET ADDRESS 2800 50th AVE. W. #13 CITY-STATE-ZIP BRADENTON FL 34207 300003286449-9 -06/13/00-01025-017 *****61.25 *****61.25 99-00AR TS 05/04/99 90094 042 025	

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 *Janis M. Williams* JANIS M. WILLIAMS 3/16/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/27/99 1073-01-3

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

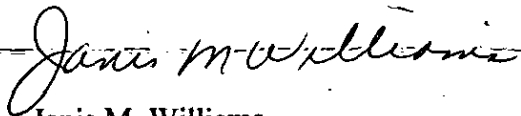
Dear Sir or Madam:

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
Secretary