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

APPROVED AND FILED
96 MAY -1 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42399 (8)

1. Corporation Name
PARENTS WITHOUT PARTNERS, MARTIN-ST. LUCIE COUNTY CHAPTER #1205, INC.

Principal Place of Business
PO BOX 9365
PORT ST LUCIE FL 34985-9365
US

Mailing Address
PO BOX 9365
PORT ST LUCIE FL 34985-9365
US

3. Date Incorporated or Qualified: 03/08/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: NOT APPLICATION — Applied For ☐ Not Applicable ☒
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

9. Name and Address of Current Registered Agent
ERICKSON, KATHLEEN M
3114 SE ELLENDALE ST
STUART FL 34997

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 100001825671 -05/16/96--01139--005 *****61.25 *****61.25
84 City FL 85 Zipcode

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 Kathleen Erickson 2-19-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	ERICKSON, KATHLEEN M	
STREET ADDRESS	3114 SE ELLENDALE ST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VD	☒ DELETE
NAME	RYAN, CAROL A	
STREET ADDRESS	4532 SE ALDEN AVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VD	☒ DELETE
NAME	LETO, JOE A	
STREET ADDRESS	9775 SE HIDDEN COURT	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	TD	☒ DELETE
NAME	DABRUSIN, WILLIAM J	
STREET ADDRESS	1021 SE MONTEREY ROAD APT A-10	
CITY-ST-ZIP	STUART FL 34994	
TITLE	SD	☒ DELETE
NAME	BEYER, BONNIE J	
STREET ADDRESS	1604 NE ARCH AVE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D PRESIDENT	☐ Change ☒ Addition
1.2 NAME	DAVID GRINDSTAFF	
1.3 STREET ADDRESS	17125 W Anderson St	
1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34983	
2.1 TITLE	D VP-MEMBERSHIP	☐ Change ☒ Addition
2.2 NAME	Lloyd Van Horn	
2.3 STREET ADDRESS	761 N.W. AYENS ST.	
2.4 CITY-ST-ZIP	PORT ST. LUCIE FL. 34983	
3.1 TITLE	D SECRETARY/TREASURER	☐ Change ☒ Addition
3.2 NAME	Nancy Walther	
3.3 STREET ADDRESS	501 S.W. GROVE AVE.	
3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34983	
4.1 TITLE	D VICE-PRESIDENT	☐ Change ☒ Addition
4.2 NAME	Dominick RISOLDI	
4.3 STREET ADDRESS	212 RAMIE Lane	
4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Nancy Walther 3/25/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 407 878-1561

CR2E037 (12/95)