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Jul 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42399 (8)

1. Corporation Name

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

Principal Place of Business

Mailing Address

PO BOX 9365
PORT ST LUCIE FL 34985-9365
US

PO BOX 9365
PORT ST LUCIE FL 34985-9365
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
03/08/1991

3a. Date of Last Report
05/01/1996

4. FEI Number
NOT APPLICABLE

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

10. Name and Address of New Registered Agent

ERICKSON, KATHLEEN M
3114 SE ELLENDALE ST
STUART FL 34997

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *Kathy Erickson President/Director 4/13/97*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME GRINDSTAFF, DAVID
STREET ADDRESS 1712 SW ANDERSON ST
CITY-ST-ZIP PORT ST LUCIE FL 34983

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME BRICKSON, KATHLEEN M
1.3 STREET ADDRESS 3114 SE ELLENDALE ST.
1.4 CITY-ST-ZIP STUART, FL 34997

TITLE VD ☒ DELETE
NAME VAN HORN, LLOYD
STREET ADDRESS 761 NW AVENS ST
CITY-ST-ZIP PORT ST LUCIE FL 34983

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME MIKE MAZZIOTTA
2.3 STREET ADDRESS 4816 SE HORIZON AVE
2.4 CITY-ST-ZIP STUART, FL 34997

TITLE SDT ☒ DELETE
NAME WALTHER, NANCY
STREET ADDRESS 501 SW GROVE AVE
CITY-ST-ZIP PORT ST LUCIE FL 34983

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME VALERIE BARBATO
3.3 STREET ADDRESS 2703 #H2 SW MATHESON AVE
3.4 CITY-ST-ZIP PALM CITY FL 34990

TITLE DV ☒ DELETE
NAME RISOLDI, DOMINICK
STREET ADDRESS 212 RAMIE LANE
CITY-ST-ZIP PORT ST LUCIE FL 34952

4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME BARBARA CATLING
4.3 STREET ADDRESS 1 SE CAPUCA TERR.
4.4 CITY-ST-ZIP STUART, FL 34997

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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.

VALERIE A. BARBATO

CR2E037 (9/96)