

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90018 048 ****61.25

DOCUMENT # N42399

1. Corporation Name

**PARENTS WITHOUT PARTNERS, MARTIN-ST. LUCIE COUNT
Y 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

03/08/1991

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

9. Name and Address of Current Registered Agent

~~ERICKSON, KATHLEEN M~~
~~3114 SE ELLENDALE ST~~
~~STUART FL 34907~~

10. Name and Address of New Registered Agent

81 Name **Bess Beach**
82 Street Address (P.O. Box Number is Not Acceptable)
3426 S.E. Cobia Way
83
84 City **Stuart** FL 85 Zip Code **34997**

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 **Bess Beach, President** *Bess Beach*

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

(NOTE: Registered Agent signature required when reinstating)

8/8/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ERICKSON, KATHLEEN M	
STREET ADDRESS	3114 SE ELLENDALE ST	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MAZZIOTTA, MIKE	
STREET ADDRESS	4816 SE HORIZON AVE	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BARBATO, VALARIE	
STREET ADDRESS	2703 #H2 SW MATHESON AVE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEJEAN, SANDRA	
STREET ADDRESS	605 IXORIA AVE, APT #12	
CITY-ST-ZIP	FT PIERCE FL 34981	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President (PD)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bess Beach	
1.3 STREET ADDRESS	3426 S.E. Cobia Way	
1.4 CITY-ST-ZIP	Stuart, FL 34997	
2.1 TITLE	Vice President (VP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lila Young	
2.3 STREET ADDRESS	265 Surrey Street	
2.4 CITY-ST-ZIP	Port St. Lucie, FL 34983	
3.1 TITLE	Treasurer (TD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Kalmin	
3.3 STREET ADDRESS	1302 Nebraska Ave, #14B	
3.4 CITY-ST-ZIP	Ft. Pierce FL 34950	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/99 (561) 489-4256

Date Daytime Phone #

CR2E037 (5/99)