

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90003 046 \*\*\*\*61.25

<b>DOCUMENT # N42399</b> <b>1. Entity Name</b> PARENTS WITHOUT PARTNERS, MARTIN-ST. LUCIE COUNTY CHAPTER #1205, INC.			
<b>Principal Place of Business</b> PO BOX 9365 PORT ST LUCIE, FL 34985-9365 US		<b>Mailing Address</b> PO BOX 9365 PORT ST LUCIE, FL 34985-9365 US	
<b>2. Principal Place of Business</b> PO BOX 9365 Suite, Apt. #, etc.		<b>3. Mailing Address</b> PO BOX 9365 Suite, Apt. #, etc.	
<b>City &amp; State</b> PORT ST. LUCIE FL Zip: 34985-9365 Country: US		<b>City &amp; State</b> PORT ST. LUCIE FL Zip: 34985-9365 Country: US	
<b>4. FEI Number</b> 59-2269405		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MONAHAN, FLORENCE 1761 WEST ROYAL TERN LANE FT PIERCE, FL 34982		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>Florence V. Monahan FLORENCE V. MONAHAN</u> <span style="float: right;">1/27/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD KANARS, BONNIE 3049 CIRCLE STREET PORT ST LUCIE, FL 34953 <input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHIELDS, MICHAEL 280 NE ARDSLEY DR. PORT ST. LUCIE, FL 34983
TITLE	TT PAYNE, LISA 797 SW BELMONT CIRCLE PORT SAINT LUCIE, FL 34953 <input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MONAHAN, FLORENCE V. 1761 W. ROYAL TERN LANE FORT PIERCE, FL 34982
TITLE	SD MARTEL, JAMES 864 SW 35TH STREET PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GREEN, SHERRI 456 SEABREEZE LANE PORT ST. LUCIE, FL 34983
TITLE	VD MONAHAN, FLORENCE 1761 ROYAL TERN LANE FT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE	VP MEMBERSHIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHIELDS, MICHAEL 280 NE ARDSLEY DR. PORT ST. LUCIE, FL 34983
TITLE	VD BOLLINGER, BETTY 971 SE THORNHILL DR PORT ST LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE	VP PUBLIC RELATIONS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANNA MARIE KOLB 554 SW SARA BLVD. PORT ST. LUCIE, FL 34953
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
SIGNATURE: <u>Florence V. Monahan FLORENCE V. MONAHAN</u> <span style="float: right;">1/27/04 (772)</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <span style="float: right;">461-5541</span> <small>Daytime Phone</small>	