

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

DOCUMENT # N93000000408 (5)

1. Corporation Name

PARENT TO PARENT OF INDIAN RIVER COUNTY, INC.



Principal Place of Business

941 48TH AVENUE
VERO BEACH FL 32966

Mailing Address

PO BOX 6963
VERO BCH FL 32961
US

3. Date Incorporated or Qualified
01/28/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

65-0410067

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOODY, NANCY
941 48TH AVENUE
VERO BEACH FL 32966

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 617.1506, 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

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 VPD ☐ DELETE
NAME BIELECKI, SONJA
STREET ADDRESS 430 35TH CT. SW
CITY-ST-ZIP VERO BEACH FL

1.1 TITLE TD ☐ Change ☒ Addition
1.2 NAME PAM SANFORD
1.3 STREET ADDRESS 6336 5th Street
1.4 CITY-ST-ZIP Vero Beach, FL 32968

TITLE D ☐ DELETE
NAME GESSNER, BETH W DR
STREET ADDRESS 697 N.E. HORIZON LANE
CITY-ST-ZIP PORT ST. LUCIE FL 34983

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Phil Foster
2.3 STREET ADDRESS 731 Capon Ter.
2.4 CITY-ST-ZIP Sebastian, FL 32958

TITLE PD ☐ DELETE
NAME MOODY, NANCY
STREET ADDRESS 941 48TH AVENUE
CITY-ST-ZIP VERO BEACH FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Annette Barcus
3.3 STREET ADDRESS 1736 41st Ave
3.4 CITY-ST-ZIP Vero Beach, FL 32960

TITLE D ☐ DELETE
NAME PARR, E. GLENN ESQ
STREET ADDRESS 695 ROYAL PALM PLACE
CITY-ST-ZIP VERO BEACH FL 32960

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Richard Confort
4.3 STREET ADDRESS 1436-C Old Dixie Hwy, Suite 39
4.4 CITY-ST-ZIP Vero Beach, FL 32960

TITLE DS ☐ DELETE
NAME SMITH, CYNTHIA
STREET ADDRESS 8416 97TH AVENUE
CITY-ST-ZIP VERO BEACH FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Deborah Callahan
5.3 STREET ADDRESS 306 14th Ave.
5.4 CITY-ST-ZIP Vero Beach, FL 32962

TITLE TD ☒ DELETE
NAME WARREN, LINDA
STREET ADDRESS 1660 11TH PLACE
CITY-ST-ZIP VERO BEACH FL

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 Moody
Signature, typed or printed name of signing officer or director

Date

7-7-96 407-770-0683

Daytime Phone #

CR2E037 (12/95)