


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32961-6963 US	3. Date Incorporated or Qualified 01/28/1993	3a. Date of Last Report 07/15/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0410067	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent MOODY, NANCY 941 48TH AVENUE VERO BEACH FL 32966		10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPO BIELECKI, SONJA	1.2 NAME	Secretary Clark, Maureen
STREET ADDRESS	430 35TH CT. SW	1.3 STREET ADDRESS	6012 Deborah Way
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Fort Pierce, FL 34951
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D GESSNER, BETH W DR	2.2 NAME	trustee Barcus, Annette
STREET ADDRESS	697 N.E. HORIZON LANE	2.3 STREET ADDRESS	1736 41st Ave
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	2.4 CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD MOODY, NANCY	3.2 NAME	trustee Foster, Phil
STREET ADDRESS	941 48TH AVENUE	3.3 STREET ADDRESS	731 Capon Terrace
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	Sebastian, FL 32958
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D PARR, E. GLENN ESQ	4.2 NAME	trustee Parr, Kathy
STREET ADDRESS	695 ROYAL PALM PLACE	4.3 STREET ADDRESS	695 Royal Palm Place
CITY-ST-ZIP	VERO BEACH FL 32960	4.4 CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DS SMITH, CYNTHIA	5.2 NAME	trustee Smith, Cynthia
STREET ADDRESS	8416 97TH AVENUE	5.3 STREET ADDRESS	8416 97th Ave
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	Vero Beach, FL 32967
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD SANFORD, PAM	6.2 NAME	
STREET ADDRESS	6338 5TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	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.

SIGNATURE _____ (Signature of Registered Agent) DATE _____

CR2E037 (9/96)