FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9300000408 (5)

FILED Feb 12 1998 8:00am Secretary of State

PARENT TO PARENT OF INDIAN RIVER COUNTY, INC.				. I DERIKARI DICE KRADE NAIN BENIN BENIN DERIK DENIN BENIN BENIN BENIN BENEN DENIN KRADI	
Principal Place of Business Mailing Address					
		VERO BCH FL 32961		3. Date Incorporated or Qualified 01/28/1993	
		US		4. FEI Number Applied For	
				65-0410067 Not Applicab	
2. Principal F	Place of Business	2a. Mailing Address		J 3	
21		26		5. Certificate of Status Desired \$8.75 Additional Fee Regulred	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	
22		27		Trust Fund Contribution Added to Fees	
City & Stat	θ	City & State		7. Is this nonprofit corporation a homeowners association?	
23		28		Yes 🔼 No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Curre	nt Registered Agent	30	Personal Property Tax due June 30. Yes No	
	or traine and regular of Carlo	III Hegieteleo Ageill	81 Name	10. Name and Address of New Registered Agent	
				·	
MOODY, NANCY 941 48TH AVENUE VERO BEACH FL 32966			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
			83		
VENO D	EACH FL 32900				
			84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508. Florida Statute	s the above-named coro	cration submits this statement for the purpose of changing its registere	
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.					
	in laminal with and accept the oblig	Attoris of, Section 617,0303, Plui	nda Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NOTE	Registered Agent signature require	ad when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	☐ DELETE	1.1 TITLE	Change Addition	
NAME	BIELECKI, SONJA		1.2 NAME		
STREET ADDRESS	430 35TH CT. SW		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	GESSNER, BETH W DR		2.2 NAME		
STREET ADDRESS	697 N.E. HORIZON LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		2.4 CITY+ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE	Change Addition	
NAME	MOODY, NANCY		3.2 NAME		
STREET ADDRESS	941 48TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	T on eve	3.4. CITY-ST-ZIP		
TITLE	O ADV MANDEEN	☐ DELETE	4.1 TITLE	Change Additio	
NAME OTDEET LINDOGGO	CLARK, MAUREEN 6012 DEBORAH WAY		4. 2 NAME		
STREET ADORESS	00:2 0200:22: :::(:		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FT. PIERCE FL	DELETE	4.4 CITY-ST-ZIP		
NAME	BARCUS, ANNETTE	₩ OLLCIE	5.1 TITLE	☐ Change ☐ Additio	
STREET ADDRESS	1736 41ST AVE.		5.2 NAME		
CITY-ST-ZIP	VERO BEACH FL		5.3 STREET ADDRESS		
TITLE	TD	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Additio	
NAME	SANFORD, PAM	been	6.2 NAME	€ CHAINGE CI ADORIO	
STREET ADDRESS	6336 5TH ST				
CITY-ST-ZIP	VERO BEACH FL		6.3 STREET ADDRESS		
		ith this filing does not qualify for	the exemption stated in S	Section 119 07/3/(i) Florida Statutes I further certify that the information	

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 supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

Morden

Ju 31, 1998

(561)770-0682

CR2E037 (10/97

## DIRECTORS OF PARENT TO PARENT OF INDIAN RIVER COUNTY

Lorraine Aprile, R.N Gifford Health Center - Healthy Start 4895 28th Court Vero Beach, Florida 32967

Deidad Benincasa 746 34th Terrace Vero Beach, Fl 32968

Vince Carbone, Ph.D Indian River County Schools 1507 19th Street Vero Beach, Florida 32960

Adrienne Dissis 962 Tarpon Avenue Sebastian, Florida 32958

Linda Melton 1310 N.E. 29th Terrace Jensen Beach, Florida 34957

Jeanmarie O'Shea 3715 Maple Street Sebastian, Florida 32976

Susan Bauer O'Toole, M.D Island Pediatrics 13837 U.S. Highway 1 Sebastian, FI 32958

Kathy Parr 695 Royal Palm Place Vero Beach, Florida 32960

Betty Young FDLRS 1901 South 11th Street Fort Pierce, Florida 34950