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# NONPROFIT CORPORATION ANNUAL REPORT 1999

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

**FILED**
**Jul 07, 1999 8:00 am**
**Secretary of State**
07-07-1999 90002 022 ****70.00

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DEPARTMENT OF STATE

DOCUMENT # N93000000408

1. Corporation Name

PARENT TO PARENT OF INDIAN RIVER COUNTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 941 48TH AVENUE<br>VERO BEACH FL 32966 | PO BOX 6963<br>VERO BCH FL 32961<br>US |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed |
|---|---|---|
| 21 | 26 | 01/28/1993 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>65-0410067 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | VPD | ☑ DELETE | 1.1 TITLE | VPD | ☑ Change ☐ Addition |
| NAME | BIELECKI, SONJA | | 1.2 NAME | Patricia Brown | |
| STREET ADDRESS | 430 35TH CT. SW | | 1.3 STREET ADDRESS | 2905 Cardinal Dr. | |
| CITY-ST-ZIP | VERO BEACH FL | | 1.4 CITY-ST-ZIP | Vero Beach, FL 32963 | |
| TITLE | D | ☑ DELETE | 2.1 TITLE | Treasurer | ☐ Change ☑ Addition |
| NAME | BENINCASA | | 2.2 NAME | Linda Warren | |
| STREET ADDRESS | 746 34TH TERRACE | | 2.3 STREET ADDRESS | 1660 11th PL | |
| CITY-ST-ZIP | VERO BEACH FL 32968 | | 2.4 CITY-ST-ZIP | Vero Beach, FL 32960 | |
| 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 | | 3.4 CITY-ST-ZIP | | |
| TITLE | S | ☑ DELETE | 4.1 TITLE | Hope Blair (Trustee) | ☐ Change ☑ Addition |
| NAME | CLARK, MAUREEN | | 4.2 NAME | | |
| STREET ADDRESS | 6012 DEBORAH WAY | | 4.3 STREET ADDRESS | 4875 16th St | |
| CITY-ST-ZIP | FT. PIERCE FL | | 4.4 CITY-ST-ZIP | Vero Beach, FL 32966 | |
| TITLE | D | ☑ DELETE | 5.1 TITLE | Secy | ☐ Change ☑ Addition |
| NAME | DISSIS, ADRIENNE | | 5.2 NAME | Karen Nystrom | |
| STREET ADDRESS | 962 TARPON AVENUE | | 5.3 STREET ADDRESS | 3030 16th St | |
| CITY-ST-ZIP | SEBASTIAN FL 32960 | | 5.4 CITY-ST-ZIP | Vero Beach, FL 32960 | |
| TITLE | TD | ☑ DELETE | 6.1 TITLE | Trustee | ☐ Change ☑ Addition |
| NAME | SANFORD, PAM | | 6.2 NAME | Chuck Lekniskas | |
| STREET ADDRESS | 6336 5TH ST | | 6.3 STREET ADDRESS | 1725 17th Ave | |
| CITY-ST-ZIP | VERO BEACH FL | | 6.4 CITY-ST-ZIP | Vero Beach, FL 32960 | |

CR2E037 (11/98)

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 Nancy Moody 6-28-99 561-770-0683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #