FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:07

DOCUMENT # **N94000001419 (0)**

1. Corporation Name
PARENTS AGAINST GANGS, INC.

Principal Place of Business	Mailing Address
6032 SANTA MONICA TAMPA FL 33615	P.O. BOX 260816 TAMPA FL 33685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3240742 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ZACK, SALLY
6032 SANTA MONICA
TAMPA FL 33615

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 607.0502 and 607.1508, 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 607.0505, 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	PD	11 TITLE		☐ Change ☐ Addition
NAME	ZACK, SALLY	12 NAME		
STREET ADDRESS	503 SANTA MONICA	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	SANDERS, DONNA	22 NAME	KATHY PENA	
STREET ADDRESS	9734 HULSEY RD.	23 STREET ADDRESS	8774 HUNTFIELD	
CITY-ST-ZIP	TAMPA FL 33634	24 CITY-ST-ZIP	TPA FL	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	MAYOR, ISHIRLEY	32 NAME	JACKIE TIRPAK	
STREET ADDRESS	16006 RANCHITA CT.	33 STREET ADDRESS	5909 SUSSEX CT	
CITY-ST-ZIP	TAMPA FL 33618	34 CITY-ST-ZIP	TPA FL 33615	
TITLE	SD	41 TITLE	DT	☒ Change ☐ Addition
NAME	BALLENGER, SHIRLEY	42 NAME	RUSSELL BENTLEY	
STREET ADDRESS	6704 FORRESTDALE LANE	43 STREET ADDRESS	7007 HANNA	
CITY-ST-ZIP	TAMPA FL 33634	44 CITY-ST-ZIP	TPA FL 33634	
TITLE	TD	51 TITLE	TD	☒ Change ☐ Addition
NAME	SANDERS, PHIL	52 NAME	SALLY ZACK	
STREET ADDRESS	9734 HULSEY RD.	53 STREET ADDRESS	6032 SNTA MONICA DR	
CITY-ST-ZIP	TAMPA FL 33634	54 CITY-ST-ZIP	TPA FL 33615	
TITLE	D	61 TITLE	SD	☒ Change ☐ Addition
NAME	TOWNSEND, KIM	62 NAME	MIMI MILLER	
STREET ADDRESS	7319 LAS PALMAS CT.	63 STREET ADDRESS	6807 [illegible]	
CITY-ST-ZIP	TAMPA FL 33634	64 CITY-ST-ZIP	[illegible]	

RECEIVED BY MAY 1

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)(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: Sally Zack SALLY ZACK 4-1-95 813-884-7711
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0068200