

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 # N94000001419 (0)

1. Corporation Name

PARENTS AGAINST GANGS, INC.



Principal Place of Business

**6032 SANTA MONICA
TAMPA FL 33615**

Mailing Address

**P.O. BOX 260816
TAMPA FL 33685**

3. Date Incorporated or Qualified
03/22/1994

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ZACK, SALLY
6032 SANTA MONICA DR.
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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **ZACK, SALLY**
STREET ADDRESS **503 SANTA MONICA DR**
CITY - ST - ZIP **TAMPA FL 33615**

TITLE **VD** ☐ DELETE
NAME **PENA, KATHY**
STREET ADDRESS **8774 HUNTFIELD**
CITY - ST - ZIP **TAMPA FL**

TITLE **ASD** ☐ DELETE
NAME **TIRPAK, JACKIE**
STREET ADDRESS **5909 SUNSSEX CT**
CITY - ST - ZIP **TAMPA FL**

TITLE **DT** ☒ DELETE
NAME **BENTLEY, RUSSELL**
STREET ADDRESS **7007 HANNA**
CITY - ST - ZIP **TAMPA FL**

TITLE **TD** ☐ DELETE
NAME **ZACK, SALLY**
STREET ADDRESS **6032 SANTA MONICA DR**
CITY - ST - ZIP **TAMPA FL**

TITLE **CSD** ☒ DELETE
NAME **MILLER, MIMI**
STREET ADDRESS **6807 LONG POINT WAY**
CITY - ST - ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NINA FRANCO RAMOS
6304 SOUTHERN COMFORT BLVD
TAMPA FL 33634

KRISTEN M. SCHMITZ
8706 CORDIAL CT.
TAMPA FL 33634

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

2-1-96 813-889-7711

CR2E037 (12/95)