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FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ZACK, SALLY
6032 SANTA MONICA
TAMPA FL 33615**

3. Date Incorporated or Qualified

03/22/1994

4. FEI Number

59-3240742

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing



**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?



8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



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 ☐ DELETE

NAME **PD
ZACK, SALLY**
STREET ADDRESS **503 SANTA MONICA DRIVE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **VD
CHESTNUTT, GEORGE**
STREET ADDRESS **6032 SANTA MONICA DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **PSD
REA, NANCY**
STREET ADDRESS **722 E. PATTERSON ST.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **DT
LAWSON, SUSAN**
STREET ADDRESS **5803 CRESTHILL DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **CSD
SCHMITZ, KRISTEN M**
STREET ADDRESS **8706 CORDIAL CT**
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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050357

CR2E037 (10/97)