

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003276 (2)

1. Corporation Name

PARENTS AND CARDIAC KIDS SUPPORT GROUP, INC.



Principal Place of Business	Mailing Address
212 ST. CHARLES CT JUPITER FL 33477	212 ST. CHARLES CT JUPITER FL 33477-9302

2. Principal Place of Business	2a. Mailing Address
21 5256 Ridan Way	26 PO Box 540354
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Palm Beach Gardens, FL	28 Lake Worth, FL
Zip	Zip
24 33418	29 33454-0354
Country	Country
25 Palm Beach	30 Palm Beach

3. Date Incorporated or Qualified	3a. Date of Last Report
06/30/1994	03/08/1996
4. FEI Number	Applied For
65-0500626	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARVALHO, IRENE 212 ST. CHARLES CT JUPITER FL 33477	81 Name Irene Carvalho 82 Street Address (P.O. Box Number is Not Acceptable) 5256 Ridan Way 83 84 City Palm Beach Gardens FL 85 Zip Code 33418

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 *Irene Carvalho* DATE 4/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVALHO, IRENE	1.2 NAME	
STREET ADDRESS	212 ST. CHARLES CT	1.3 STREET ADDRESS	5256 Ridan Way
CITY-ST-ZIP	JUPITER FL 33477	1.4 CITY-ST-ZIP	Palm Beach Gardens FL 33418
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAITTA, MARGUERITE	2.2 NAME	
STREET ADDRESS	630 PILOT RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL 33408	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, SUSAN	3.2 NAME	Laurie Bernat
STREET ADDRESS	4984 DOLPHIN DR	3.3 STREET ADDRESS	41823 Gladiator Circle
CITY-ST-ZIP	LAKE WORTH FL 33463-8125	3.4 CITY-ST-ZIP	Greenacres, FL 33463-8125
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNAT, LAURIE	4.2 NAME	Leslie Downs
STREET ADDRESS	4823 GLADIATOR CIRCLE	4.3 STREET ADDRESS	9513 SE Cove Point St.
CITY-ST-ZIP	GREENACRES FL	4.4 CITY-ST-ZIP	Tequesta, FL 33469
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Sue Pressley
STREET ADDRESS		5.3 STREET ADDRESS	3662 Bahama Rd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 *Sandra B. Mortham*

CR2E037 (9/96)