NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9400003276

1. Corporation Name

PARENTS AND CARDIAC KIDS SUPPORT GROUP, INC.

Principal Place of Business

Mailing Address

5256 RIDON WAY

P.O. BOX 540354

PALM BEACH GARDENS FL 33418

LAKE WORTH FL 33454-0354

US

## FILED May 01, 1999 8:00 am § Secretary of State

05-01-1999 90098 036 \*\*\*\*61.25



	Place of Business 2a. Mailing Address				06/30/1994				
	DI Beacon Hollow Turn 26 Suite, Apt. #, etc.			4. FEI Number		Ann	lied For		
					65-0500626		<u> </u>	Applicable	
27							\$8.75 A		
23 Boynton Beach, FL 28				-	5. Certificate of Status Desired Fee Required				
Zip Country Zip Cou			Country	,	6. Election Campaign Financing \$5.00 May Be			-	
24 33 437 25 USA 29 30					Trust Fund Contribution Added to Fees			Fees	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name BE	RNAT, LAURIE				
CARVALHO, IRENE				82 Street Address (P.O. Box Number is Not Acceptable)					
5256 RIDAN WAY				6951 BEACON HOLLOW TURN					
PALM BEACH GARDENS FL 33418				83					
			84	City			85 Zip C	ode	
	,			J. BO YN	ITON BEACH	FL	33	437	
11. Pursuant	to the provisions of Sections 617.0502 a	nd 617.1508, Florida Statutes, t	he abov			e purpose of	changing its	registered	
office or n	egistered agent, or both, in the State of I m familiar with, and accept the obligation	-londa. Such change was autho is of, Section 617.0503, Florida	onzed by Statutes	tne corporation i.	s board of directors. I hereby acc	ept the appoin	illiidiil as ieg	BIGIOU	
	Lourie Beira	· · · —			Director	4/26	199		
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Regi	Istered Age	nt signature required v	when reinstating)	DATE	-		
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO O	FFICERS ANI			
TITLE :	PD	· DELETE	1.1 TITLE	PD			Change	- Addition	
NAME	CARVALHO, IRENE		1.2 NAME	ිරිම	irrett. Jodi				
STREET ADDRESS	5256 RIDAN WAY		1.3 STREE	TADDRESS 76	of Ladson Terrace	- 		•	
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-5	it-zip Bo	synton Beach, Fr. 3	53467			
TITLE	VD	DELETE	2.1 TITLE	5 P			Change	Addition	
NAME	SAITTA, MARGUERITE		2.2 NAME	ين	iederhold, John	أم ممم			
STREET ADDRESS	630 PILOT RD		2.3 STREE	TADDRESS 22	2 Brackewood Te	Ciac			
CITY-ST-ZiP	N PALM BEACH FL		2. 4 CITY-	ST-ZIP Pa	Im Beach Gardens	, PC 33			
TITLE	SD	☐ DELETE	3.1 TITLE	H2	• _		Change	☐ Addition	
NAME	BERNAT, LAURIE		3.2 NAME	BE	RNAT, LAURIE 51 BEACON HOLLOW	Tural			
STREET ADDRESS	41823 GLADIATOR CIR.		3.3 STREE						
CITY-ST-ZIP	GREENACRES FL		3.4. CITY-	ST-ZIP TSO	YNTON BEACH, FL	33731			
TITLE	TD	<b>⊉</b> DELETE	4.1 TITLE	TD		•	☐ Change	Addition	
NAME	DOWNS, LESLIE		4. 2 NAME	ල <sub>්</sub>	ernati John	Times			
STREET ADDRESS	9513 S.E. COVE POINT ST	ì	4.3 STREE	TADORESS 69	si Beacon Hollow	i iorik E≉		i	
CITY-ST-ZIP	TEQUESTA FL	_	4.4 CITY-S	T-ZIP BO	ynton Beach, FL 334	37			
TITLE	M	DELETE	5.1 TITLE	D.		,	☐ Change	Addition	
NAME	PRESSLEY, SUE	l	5.2 NAME	FY	riedman, Art	,		*	
STREET ADDRESS	3662 BAHAMA RD.	ì	5.3 STREE	TADDRESS   90	272 Pilot Court				
CITY-ST-ZIP	PALM BEACH GARDENS FL		5.4 CITY-5	T-ZIP B	oynton Beach, Fr	L 3343	.7		
TITLE	and the same of th	☐ DELETE	6.1 TITLE	T		•	Change	Addition	
NAME			6.2 NAME	B	auron, Harry , M	ND.			
STREET ADDRESS			6.3 STREE	TADDRESS 73	49 Pioneer Rood.	_			
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP U	lest Palm Beach.	FL 3	3413		
U.11 U.1 441	<del></del>					1.5 11 4	16 . AL - A AL - 7 .		

4. 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 seriod 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 ELBEROUSESS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (561) 738-4554

CR2E037 (11/98)