

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 # N94000005103 (6)

1. Corporation Name

PARENTS WITHOUT PARTNERS NORTHERN PALM BEACH CHAPTER NO. 1340, INC.



Principal Place of Business

P.O. BOX 31875
WEST PALM BEACH FL 33420

Mailing Address

P.O. BOX 31875
WEST PALM BEACH FL 33420

3. Date Incorporated or Qualified
10/17/1994

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DANIELS, BRUCE J
336 GOLFVIEW RD.
NORTH PALM BEACH FL 33408**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **MINECHELLI, GAYE A**
STREET ADDRESS **1222 CHIPPEWA ST.**
CITY-ST-ZIP **JUPITER FL 33458**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VPD** ☒ DELETE

2.1 TITLE **VPD** ☒ Change ☐ Addition

NAME **BROOKS, M. ALAN**
STREET ADDRESS **360 FIESTA WAY**
CITY-ST-ZIP **TEQUESTA FL 33469**

2.2 NAME **JAMES SAVAGE**
2.3 STREET ADDRESS **727 HUMMINGBIRD WAY**
2.4 CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **TD** ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **TUCKER, EILEEN**
STREET ADDRESS **1045 SHADY LAKES CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE

4.1 TITLE **SD** ☒ Change ☐ Addition

NAME **CLAYTON, GERI**
STREET ADDRESS **9134 W. HIGHLAND PINES BLVD.**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

4.2 NAME **JUNE HALL**
4.3 STREET ADDRESS **1028 SHADY LAKES CIRCLE**
4.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ 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 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:

Eileen Tucker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/29/96

407-6263100

CR2E037 (12/95)