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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33420-1875

3. Date Incorporated or Qualified: **10/17/1994**
 3a. Date of Last Report: **03/06/1996**

21. Principal Place of Business	22. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	65-0556228	<input type="checkbox"/> Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	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
DANIELS, BRUCE J
336 GOLFVIEW RD.
NORTH PALM BEACH FL 33408

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINECHELLI, GAYE A	1.2 NAME	
STREET ADDRESS	1222 CHIPPEWA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, JAMES	2.2 NAME	
STREET ADDRESS	727 HUMMINGBIRD WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, EILEEN	3.2 NAME	GWYNN, JOHN
STREET ADDRESS	1045 SHADY LAKES CIRCLE	3.3 STREET ADDRESS	3858 DAFILEE CIR
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	3.4 CITY-ST-ZIP	WEST PALM BCH, FL 33417
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, JUNE	4.2 NAME	JOHNSON, MAVON
STREET ADDRESS	1028 SHADY LAKES CIRCLE	4.3 STREET ADDRESS	28 YACHT CLUB DR. #102
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	N PALM BCH, FL 33408
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: *Mavon Johnson* **REQUIRED** Date: **3/4/97** Daytime Phone #: **561-626-3100**

CR2E037 (9/96)