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Secretary of State

07-20-1999 90003 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000005103			
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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Palm Beach Gdns, FL 24 33420 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Palm Bch Gdns, FL 29 33420 30 Country	
3. Date Incorporated or Qualified 10/17/1994		4. FEI Number 65-0556228	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
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 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHENKEL, ROBERT H. 28 NORTHAMPTON B WEST PALM BEACH FL 33417	☒ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOYCE, ROBIN 1051 SIENA OAKS CIRCLE E PALM BEACH GARDENS FL 33410	☒ DELETE	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAWALICK, BARRY 6 GREENWAY VILLAGE N #209 ROYAL PALM BEACH FL 33411	☒ DELETE	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYON JOHNSON 28 YACHT CLUB DRIVE NORTH PALM BEACH, FL 33408	☐ DELETE	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Addition	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *MAYON JOHNSON* **Signature** **DATE** **7/12/99** **561-626-3100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)