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NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Feb 17 1998 8:00am Secretary of State

FILED

DOCUMENT # N9400005442 (8) CONCERNED PARENTS, INC.				
Principal Place of Business	Mailing Address		- I LOBENSON ONO IDNIN BURNI OBRIK ODINI BUNIN BURNI OBRIR DININ BURNI OBRIR DININ BURNI OBRIR DININ BURNI OBRI	i (188)
ONE CLEARLAKE CENTRE SUITE 1010 250 S AUSTRALIAN AVE	ONE CLEARLAKE CENTR 250 S AUSTRALIAN AVE		3. Date Incorporated or Qualified	·
WEST PALM BEACH FL 33401-5012 US	WEST PALM BEACH FL US	33401-5012	4. FEI Number Applied	For
	03		65-0571700 Not App	
2. Principal Place of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additio	
Suite, Apt #, etc.	Suite, Apt. #, etc.		Fee Required	
22	27 Suite, Apr. #, etc.		6. Election Campaign Financing \$5.00 May Barrier Trust Fund Contribution Added to Fees	
City & State	City & State		7. Is this nonprofit corporation a homeowners association?	<u> </u>
23	28		Yes No	
Zip Country	Ζιp	Country	8. This corporation owes or has paid the current year intangible	e
24 25	29	[30]	Personal Property Tax due June 30. Yes X No	
9. Name and Address of	f Current Registered Agent	81 Name	10. Name and Address of New Registered Agent	
GELFÁND, MICHAEL J				
ONE CLEARLAKE CENTRE SUITE	1010	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
250 S AUSTRALIAN AVE	. 1010	83		
WEST PALM BEACH FL 33401				
THE OF THE SERVICE SOUTH		84 City	FL 65 Zip Code	
11. Pursuant to the provisions of Sections	617.0502 and 617.1508, Florida Stat	utes, the above-named cor	rporation submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as regist	stered
office of registered agent, of both, in the	no State of Florida. Such chande was			
agent. I am familiar with, and accept the	he obligations of, Section 617.0503, F	s authorized by the corpore Florida Statutes.	ation's board of directors. I hereby accept the appointment as registe	ereu
agent. I am familiar with, and accept the	he obligations of, Section 617.0503, F	Florida Statutes.		erea
agent. I am familiar with, and accept the SIGNATURE Signature, have deep international regions.	the obligations of, Section 617.0503, F	Florida Statutes. OTE Registered Agent aignature requ	ulred when reinstating) DATE	
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