


**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90051 036 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N95000000991</b>			
<b>1. Corporation Name</b> <b>PARENTS WITHOUT PARTNERS OSCEOLA COUNTY CHAPTER 1335, INC.</b>			
<b>Principal Place of Business</b> P.O. BOX 450983 KISSIMMEE FL 34745-0983		<b>Mailing Address</b> P.O. BOX 450983 KISSIMMEE FL 34745-0983	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
<b>3. Date Incorporated or Qualified</b> 02/28/1995		<b>4. FEI Number</b> 65-0637253	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>9. Name and Address of Current Registered Agent</b> YOUNG, TINA 13546 SUMMERTON DR ORLANDO FL 32824		<b>10. Name and Address of New Registered Agent</b> 81 Name Wisneski, Carl 82 Street Address (P.O. Box Number is Not Acceptable) 1329 Welson Rd. 83 84 City Orlando FL 85 Zip Code 32837	
<b>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.</b> SIGNATURE <i>Carl Wisneski</i> DATE 3/26/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE PD NAME YOUNG, TINA STREET ADDRESS 13546 SUMMERTON DR. CITY-ST-ZIP ORLANDO FL 32824	<input type="checkbox"/> DELETE	11 TITLE VPD 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME TROUSDALE, TED STREET ADDRESS 720 CELEBRATION AVE APT 120 CITY-ST-ZIP CELEBRATION FL	<input checked="" type="checkbox"/> DELETE	21 TITLE SD 22 NAME Bakrania, Mary 23 STREET ADDRESS 2301 Water View Loop 24 CITY-ST-ZIP Kissimmee, FL 34743-3501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME WISNESKI, CARL STREET ADDRESS 1329 WELSON RD CITY-ST-ZIP ORLANDO FL 32837	<input type="checkbox"/> DELETE	31 TITLE PD 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME BUTLER, JANICE STREET ADDRESS 1713 MICHIGAN AVENUE CITY-ST-ZIP ST CLOUD FL 34769	<input checked="" type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Carl Wisneski*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Carl Wisneski

3/26/99 (407)828-4226

Date Daytime Phone #

CR2E037 (11/98)