


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90026 017 ****61.25

| | |
|---|---|
| DOCUMENT # N95000000991 |  |
| 1. Entity Name PARENTS WITHOUT PARTNERS OSCEOLA COUNTY CHAPTER 1335, INC. | |

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|---|---|
| Principal Place of Business P O BOX 77085 ORLANDO, FL 32877-0895 US | Mailing Address P.O. BOX 770895 ORLANDO, FL 32877-0895 US |
|---|---|



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business P.O. BOX 770895 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01102006 Chg-NP CR2E037 (11/05)

| | | |
|---|--|--|
| 4. FEI Number 65-0637253 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent WISNESKI, CARL 1329 WELSON RD. ORLANDO, FL 32837 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|--|--|--|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|---|---|---------------------------------------|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WISNESKI, CARL 1329 WELSON RD ORLANDO, FL 328376552 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TORNILLO, MONICA 7161 GATESHEAD CIR., APT. 4 ORLANDO, FL 328224694 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BARBARA COFFEE 1248 ARLINGTON PLACE WINTER PARK, FL 32789-5012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD HUNTER, JULIE 3100 OLD WINTER GARDEN RD., APT. 43 OCOE, FL 347614509 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SHERRI ASKEW 3154 SOUTH BUMBY AVE. ORLANDO, FL 32806-8715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl Wisneski TREASURER 1/15/06 407-828-2340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

60003284
N900000099

Parents Without Partners Osceola County Chapter 1335, Inc.

N95000000991

NEW CORPORATE NAME (if changing):**Parents Without Partners Central Florida Chapter 1335, Inc.**

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)
(continued)

ATTACHMENT

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January 1, 2006

