# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # N95000000991**

1. Entity Name



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

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

	R 1335, INC.	SCECLA	COONT							
P O BOX 770	lace of Business Mailing Address 17085 P.O. BOX 770895 FL 32877-0895 US ORLANDO, FL 32877-0895 US			95 US						
P.O. E		3. Mailing A								
Suite, Apt.	#, etc.	Suite, A	∖pt. #, etc.			01102006	Chg-NP	CR2E	37 (11/05)	
City & State	0	City & S	State			4. FEI Number 65-06372	253	,	_ <del>                                    </del>	plied For t Applicable
Zip	Country	Zip		Country		5. Certificate of	Status Desired	, 0	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Ag	gent		<u>-</u>	7. Name and A	ddress of Nev	Registered	Agent	
WISNESK	LCARI			Name						
1329 WEL				Street A	ddress (P	P.O. Box Number i	s Not Accepta	ple)		
				City				-	Zip Code	
								FI		
	named entity submits this statement k ions of registered agent.	or the purpose o	of changing its rec	gistered office or	registere	ed agent, or both,	in the State of	Florida. I am	n familiar with,	and accept
SIGNATURE .										
0,0	Signature, typed or printed name of registered agent	t and title if applicable	b. (NOTE: Re	egistered Agent signet.	re berianen en	when reinstating)		DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006		(NOTE: Re     Election Campa     Trust Fund Con	aign Financing		\$5.00 May Be Added to Fees	F	Make ched	ck payable to	
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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 ceth; 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.

SI				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOIC OFFICER OR DIRECTOR

TREASURER

1/15/06

407-828-2340

Daytime Phone #

### ATTACHMENT 60003284 #N900000991

# Articles of Amendment to Articles of Incorporation of

#### Parents Without Partners Osceola County Chapter 1335, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

Nacaaaaaaa
N9500000991 (Document number of corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
Parents Without Partners Central Florida Chapter 1335, Inc.
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)
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

# 60003284 N9 5000000991-

January 1, 2006