2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2008
Secretary of State

DOCUMENT# N95000000991

Entity Name: PARENTS WITHOUT PARTNERS OSCEOLA COUNTY CHAPTER 1335, INC.

Current Principal Place of Business:

1248 ARLINGTON PLACE
WINTER PARK, FL 327895012 US

New Principal Place of Business:

1329 WELSON RD
ORLANDO, FL 238376552 US

Current Mailing Address:

P.O. BOX 770895
ORLANDO, FL 328770895 US

New Mailing Address:

FEI Number: 65-0637253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WISNESKI, CARL
1329 WELSON RD.
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: WISNESKI, CARL
Address: 1329 WELSON RD
City-St-Zip: ORLANDO, FL 328376552

Title: PD ( ) Delete
Name: COFFEE, BARBARA
Address: 1248 ARLINGTON PL
City-St-Zip: WINTER PARK, FL 327895012

Title: VPD ( ) Delete
Name: ASKEW, SHERRI
Address: 3154 SOUTH BUMBY AVE
City-St-Zip: ORLANDO, FL 328068715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: LE BLANC, DAVID M
Address: 2746 MONTEGO BAY BLVD.
City-St-Zip: KISSIMMEE, FL 347465113

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL WISNESKI TD 07/04/2008
Electronic Signature of Signing Officer or Director — Date