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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000619 (4)**

1. Corporation Name

PARENTS WITHOUT PARTNERS CHAPTER 1337, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4107
ST. AUGUSTINE FL 32085

P.O. BOX 4107
ST. AUGUSTINE FL 32085-4107



3. Date Incorporated or Qualified
02/01/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
135663691

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRINCEWICH, T. JAMES
7380 COUNTY ROAD 208
ST. AUGUSTINE FL 32092**

81 Name

James Appleby

82 Street Address (P.O. Box Number is Not Acceptable)

1995 Sheridan Dr

84 City

St. Augustine FL

85 Zip Code
32086

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.

SIGNATURE

James Appleby
Signature, typed or printed name of registered agent, and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/8/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GRINCEWICH, T. JAMES	
STREET ADDRESS	7380 COUNTY ROAD 208	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jim Appleby	
1.3 STREET ADDRESS	1995 Sheridan Drive	
1.4 CITY-ST-ZIP	Augustine, FL. 32086	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	APPLEBY, JAMES	
STREET ADDRESS	1995 SHERIDAN RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert. Azpiroz	
2.3 STREET ADDRESS	4600 AHS. Unit 101	
2.4 CITY-ST-ZIP	St. Augustine FL 32084	

TITLE	T	<input type="checkbox"/> DELETE
NAME	BRESAN, LYNN	
STREET ADDRESS	438 SEVILLA DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	

3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lynn Bresan	
3.3 STREET ADDRESS	438 Sevilla Dr	
3.4 CITY-ST-ZIP	St. Augustine FL 32086	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

Lynn Bresan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **904 793-5354**

CR2E037 (9/96)