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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🗲

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9600000619 (4)

PARENTS WITHOUT PARTNERS CHAPTER 1337, INC.

FILED Mar 31 1997 8:00am Secretary of State



	e of Business	Mailing Address			1 IO BILLOUI, BAR 18169 OTOM BOTH BOTH		
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 La	st Report
2. Principal Pl	ace of Business	2a, Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number		Applied For
21		26			13566360	81 <u> </u>	Not Applicable
Suite, Apt. 1	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	5 Additional Required
City & State)	City & State	······································		6. Election Campaign Financing		00 May Be
23		28		1	Trust Fund Contribution		led to Fees
Zip	Country	Zip	Country		8. This corporation has liability fo	r intangible tax und	er s. 199.032,
24	25	29	30]			Yes No	
	9. Name and Address of Curre	nt Registered Agent	81 Nam		io. Name and Address of New R	legistered Agent	
7380 CO	VICH, T. JAMES UNTY ROAD 208 USTINE FL 32092		1 1	et Address	mes Hppl 180. Box Number is Not Actepte 95 Sherida Augustine	M) D(Zip Code 3 2 0 8 6
	to the provisions of Sections 617.05 egistered agent, or both, in the Stat maintain with, and accept the obligation.	02 and 617.1508, Florida State of Florida. Such change was gations of Section 617.0503, F	utes, the above-name s authorized by the of Florida Statutes,	ed corpora orporation	tion submine this statement for the s board of directors. I hereby acc	purpose of changing optithe appointment	ng its registered t as registered
SIGNATURE							
	Signature, typed of printed name of registered as	get, and the if applicable. (No	OTE Registered Agent signat		ADDITIONOLOUMNOTO TO OCT	DATE	TODE IN 12
12.	Signature, typed in printed name of registered at OFFICERS AI	pet and their applicable. (NO ND DIFFECTORS	13.		ADDITIONOLOUMNOTO TO OCT	OFDO AND PIDEO	
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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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/Oresan 2/8/97 7935;
Date Deptine Phone # 000143