FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1998

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N96000000b19 Corporation Name Parents without Partne	.~	TALLAHASSEE, FI	LORIDA.		
farents without laithe)				
Chapter 1337					
Principal Place of Business Mailing Address		1 *			
Principal Place of Business Flagler Hosp P.OBOX	_ گھاگا	3. Date locorporated or Qualified			
USTS. St. Augus	tine	S. Date incorporated of Columned			
St. Augustine, Flados6 Fl 3208	5	4. FEI Number	Applied For		
<u></u>		59-3244285	Not Applicable		
2. Principal Place of Business 21 Place of Business 22 Mailing Address 23 P. O Bo	7-1565	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc. Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be		
22 27		Trust Fund Contribution -	Added to Fees		
23 St. Hugustine 1 28 St. Hugus	stine 1	7. Is this nonprofit corporation a homeown	I No		
Zip Country [24] 32086 [25] St. John [29] 32085 [36]	J.S.T. Tolan	This corporation owes or has paid the or Personal Property Tax due June 30.	current year Intangible		
9. Name and Address of Current Registered Agent	10000	10. Name and Address of New Registered			
James Appleby	81 Name				
1995 Sheridan Rd	82 Street Addres	ss (P.O. Box Number is Not Acceptable)	·\		
St. Augustine, Fl. 3208	83				
311109031110, 111, 3208	84 City		■ 85 Zip Code		
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes	the above-named corpo	ration submits this statement for the ourness			
 Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I apr (a) fail it with, and accept the obligations of, Section 617.0503, Florid 	norized by the corporatio la Statutes.	n's board of directors. I hereby accept the ap	pointment as registered		
SIGNATURE SIZE VE Typed or printed fishing of register for 1,2 int any life yapplicable. (NOTE, B.	egistered Agent signature required	when reinstating) DATE			
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12		
TITLE Pres President DELETE NAME James Appleby	1.1 TITLE OR S TO	esidont ppleby	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition		
STREET ADDRESS 1995 Sheridan Rd		acc Sheridan Rd	037		
OITY-SI-ZIP St. Augustine F 32086	1.4 CITY-ST-ZIP ST	nn Bresan	ZE ZE		
TITLEVITIES ROBERT AZPUAZU ADELETE	21 TITLE V. Pres 1	nn Bresan	Change		
NAME 133 Jas mine Rd		85evilla Dr			
CITY-ST-ZIP St. Augustine F1 32086	2 3 STREET ADDRESS SA	· Augustine Flz	52086		
		easurer	Change		
TITLE TROOPS LYNN BYESAN WOELETE STREET ADDRESS ST. ADJANCE ST. 22 25 55	32 NAME 7	Spert Azouazo	· ·		
STREET ADDRESS ST. Avgustine Fl 32086	33 STREET ADDRESS 1 3	3 Jasmine Ry	4 2000		
TITLE DELETE	3.4. CITY - ST - ZIP S'-	t. Augustine	Change L Addition		
NAME	4, 2 NAME	~	E Shange E Addition		
STREET ADDRESS	4.3 STREET ADDRESS		İ		
CITY-ST-ZIF	4.4 CITY - ST - ZIP				
TITLE DELETE	5.1 TITLE	<u> 1000026</u> 3 -11/19/98			
NAME STREET ADDRESS	5.2 NAME 5.3 STREET ADDRESS	*****B1.2			
CITY-SY-ZiF	5 4 CITY - ST - ZIP				
TITLE DELETE	61 TITLE		☐ Change ☐ Addition		
NAME	6 2 NAME		j		
STREET ADDRESS	6 3 STREET ADDRESS				
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the	64 CITY-ST-ZIP e exemption stated in Se	action 119.07(3)(i), Florida Statutes. I further o	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 planged, or on an attachment with an address.					
SIGNATURE: 2-26-98 904-825-3422					
SIGNATURE AND TYPED OR PRINTED VAMIL OF SIGNING OFFICER OR C	DIRECTOR		Courtime Proper		

pg y

4 November 1998

James Appleby, President Parents Without Partners, Chapter 1337 P.O. Box 1565 St. Augustine, Fl 32085

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Attn: Andy,

Sir, Thank you for your help with this matter. I know we are very late with this but I just found out it was never sent back in. It was wrongly filed by mistake. I could not see what is wrong with this app. Any thing you can do for us is greatly appreciated.

James Appleby W) 904-825-3422

H) 904-824-7205