

FILE NOW: FILING FEE IS \$61.25

Ag 1-2

FILED

98 NOV 16 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # Corporation Name	N96000000619 Parents Without Partners Chapter 1337
--------------------------------	--

Principal Place of Business Flagler Hosp US 1 S. St. Augustine, FL 32086	Mailing Address P.O. Box 1565 St. Augustine FL 32085
---	---

2. Principal Place of Business 21. Flagler Hospital Suite, Apt. #, etc.	2a. Mailing Address 26. P.O. Box 1565 Suite, Apt. #, etc.
22. City & State 23. St. Augustine, FL Zip 24. 32086	27. City & State 28. St. Augustine, FL Zip 29. 32085

9. Name and Address of Current Registered Agent James Appleby 1995 Sheridan Rd St. Augustine, FL 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 (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Pres.	President	1.1 TITLE Pres.	President
NAME	James Appleby	1.2 NAME D	James Appleby
STREET ADDRESS	1995 Sheridan Rd	1.3 STREET ADDRESS	1995 Sheridan Rd
CITY-ST-ZIP	St. Augustine, FL 32086	1.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE V.Pres	Robert Azpazu	2.1 TITLE V.Pres	Lynn Bresan
NAME	Robert Azpazu	2.2 NAME D	438 Sevilla Dr
STREET ADDRESS	133 Jasmine Rd	2.3 STREET ADDRESS	St. Augustine FL 32086
CITY-ST-ZIP	St. Augustine FL 32086	2.4 CITY-ST-ZIP	
TITLE Treas	Lynn Bresan	3.1 TITLE Treas	Robert Azpazu
NAME	Lynn Bresan	3.2 NAME D	133 Jasmine Rd
STREET ADDRESS	438 Sevilla Dr	3.3 STREET ADDRESS	St. Augustine FL 32086
CITY-ST-ZIP	St. Augustine FL 32086	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James Appleby 2-26-98 904-825-3422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)

pg 2

4 November 1998

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

2

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