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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000619

1. Corporation Name
PARENTS WITHOUT PARTNERS CHAPTER 1337, INC.

* 5 5 8 3 8 1 *
558381 - 90025 - 48

Principal Place of Business	Mailing Address
FLAGLER HOSPITAL US 1 S. ST. AUGUSTINE FL 32086	P.O. BOX 1565 ST. AUGUSTINE FL 32085

2. Principal Place of Business 21	2a. Mailing Address 26 2612 PINE HEIRS RD	3. Date Incorporated or Qualified 02/01/1996	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ST AUGUSTINE FL	4. FEI Number 59-3244285	Applied For Not Applicable
City & State 23	City & State 28 32086	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

APOPLEBY, JAMES
1995 SHERIDAN DR
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name: THOMAS TRINTEWICH
82 Street Address (P.O. Box Number is Not Acceptable): 2612 PINE HEIRS RD
83
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 _____ 5-21-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	APPLEBY, JIM		1.2 NAME	THOMAS TRINTEWICH	
STREET ADDRESS	1995 SHERIDAN DR		1.3 STREET ADDRESS	2612 PINE HEIRS RD	
CITY-ST-ZIP	AUGUSTINE FL 32086		1.4 CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRESAN, LYNN		2.2 NAME		
STREET ADDRESS	438 SEVILLA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32086		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AZPUAZU, ROBERT		3.2 NAME		
STREET ADDRESS	133 JASMINE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 05-03-99 904-794-4721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #