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NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000006051 (4)**

1. Corporation Name
PARENTS FOR CHILDREN, INC.

Principal Place of Business	Mailing Address
6650 W INDIANTOWN ROAD SUITE 200 JUPITER FL 33458	6650 W INDIANTOWN ROAD SUITE 200 JUPITER FL 33458-4629

3. Date Incorporated or Qualified: 11/21/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 c/o PLC
Suite, Apt. #, etc.
22 125 So. Pennock Ln.
City & State
23 Jupiter, FL
Zip 24 33458 Country 25 US

2a. Mailing Address
26 c/o PLC
Suite, Apt. #, etc.
27 125 So. Pennock Ln
City & State
28 Jupiter FL
Zip 29 33458 Country 30 US

4. FEI Number: 65-0721872 ☐ 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

LAMBERT, ROGER
6650 W INDIANTOWN ROAD
SUITE 200
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name: Michael Simmons
82 Street Address (P.O. Box Number is Not Acceptable): 301 Circle East
83
84 City: Jupiter FL 85 Zip Code: 33458

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 _____ 3.10.97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLBATH, JEFFREY 8857 HOLLY OAK LANE JUPITER FL 33458	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SADOWSKY, DORIS 6445 WOOD LAKE ROAD JUPITER FL 33458	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DYER, MICHAEL 216 W RIVERSIDE DR JUPITER FL 33469	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, JOHN 6114 WWOOD CREEK COURT JUPITER FL 33458	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSLEY, GLORIDA 24 COUNTRY CLUB CIRCLE TEQUESTA FL 33469	☐ DELETE
ADDRESS / ZIP	D PANTLIN, MARK 1304 MAINSAIL CIRCLE TEQUESTA FL 33469	☐ DELETE

13. *See Also Attached List — ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☒ Change ☐ Addition
2.1 TITLE	Treasurer (T)	☐ Change ☒ Addition
2.2 NAME	DeMonaco, Robin	
2.3 STREET ADDRESS	16208 132nd Terr. N.	
2.4 CITY-ST-ZIP	Jupiter, FL 33478	
3.1 TITLE	Director (D)	☐ Change ☒ Addition
3.2 NAME	Lucia, Phyllis	
3.3 STREET ADDRESS	6301 Winding Lake Dr.	
3.4 CITY-ST-ZIP	Jupiter, FL 33458	
4.1 TITLE	President (P)	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Secretary (S)	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Vice-President (V)	☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

Florida Department of State

RE: Parents for Children, Inc.
FEI# 65-0721872
Non-profit Corp. Annual Report
April 2, 1997

13. CONTINUATION OF OFFICERS & DIRECTORS

7.1 TITLE	D
7.2 NAME	Simmons, Michael
7.3 STREET ADDRESS	301 Circle East
7.4 CITY-ST-ZIP	Jupiter, FL 33458
8.1 TITLE	D
8.2 NAME	Trotta, Kellie
8.3 STREET ADDRESS	10385 S.E. Banyan Way
8.4 CITY-ST-ZIP	Tequesta, FL 33469
9.1 TITLE	D
9.2 NAME	Ressner, Eric, Dr.
9.3 STREET ADDRESS	8141 S.E. Double Tree Dr.
9.4 CITY-ST-ZIP	Hobe Sound, FL 33455