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Sep 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000689 (6)**

1. Corporation Name

THE GREATER DAYTONA/HALIFAX PARENTS WITHOUT PARTNERS, INC.



Principal Place of Business P O BOX 11311 DAYTONA BEACH FL 32120-1311	Mailing Address P O BOX 11311 DAYTONA BEACH FL 32120-1311
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3. Date Incorporated or Qualified
02/05/1997

4. FEI Number 59-3244285	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No **N/A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOBIN, JAMES H
2800 N ATLANTIC AVE #703
DAYTONA BEACH FL 32118**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 617.0502, Florida Statutes.

SIGNATURE James H. Tobin [Signature] 1/11/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relistening) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	TOBIN, JAMES H	
STREET ADDRESS	2800 N ATLANTIC AVE #703	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WINTERS, DOREEN	
STREET ADDRESS	99 OAK AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PELKEY, ALICE	
STREET ADDRESS	646-B LPGA BLVD	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PANE, BARBARA	
STREET ADDRESS	291 SAGEWOOD DR	
CITY-ST-ZIP	PT ORANGE FL 32119	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	ADMINISTRATIVE V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANN ARNOLD	
1.3 STREET ADDRESS	1709 QUEEN PALM DR	
1.4 CITY-ST-ZIP	EDGEWATER, FL 32132	
2.1 TITLE	VICE PRESIDENT MEMBERSHIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIANE EYRE	
2.3 STREET ADDRESS	26 STRATFORD PLACE	
2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LISA GUNDERMAN ANNE SHERIDAN	
3.3 STREET ADDRESS	6 FISHERMAN AVE #5	
3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KIM SICLER	
4.3 STREET ADDRESS	576 CAMBRIDGE CIR	
4.4 CITY-ST-ZIP	SOUTH DAYTONA, FL 32119	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [Signature] JAMES H. TOBIN 1/11/98 904/673-5222

CR2E037 (10/97)