

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90003 015 ****61.25

0002450

DOCUMENT # N97000000689

1. Corporation Name

THE GREATER DAYTONA/HALIFAX PARENTS WITHOUT PARTNERS, INC.

Principal Place of Business

P O BOX ~~1185~~ 1185
DAYTONA BEACH FL 32120-1185

Mailing Address

P O BOX ~~1185~~ 1185
DAYTONA BEACH FL 32120-1185



2. Principal Place of Business

21 P O Box 11185

Suite, Apt. #, etc.

22

City & State

23 Daytona Beach FL

Zip

32120-1185

Country

25 US

2a. Mailing Address

26 P O Box 11185

Suite, Apt. #, etc.

27

City & State

28 Daytona Beach FL

Zip

32120-1185

Country

30 US

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

59-3244285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name MERRILEE AMES

82 Street Address (P.O. Box Number is Not Acceptable)

6630 ENGRAM RD

83

84 City NEW SMYRNA BEACH FL

85 Zip Code

32169

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

Merrilee K. Ames

1-10-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME TOBIN, JAMES H
STREET ADDRESS 2800 N ATLANTIC AVE #703
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE VD ☒ DELETE

NAME ARNOLD, ANN
STREET ADDRESS 1709 QUEEN PALM DR
CITY-ST-ZIP EDGEWATER FL 32132

TITLE VPM ☐ DELETE

NAME EYRE, DIANE
STREET ADDRESS 26 STRATFORD PLACE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE SD ☐ DELETE

NAME SHERIDAN, ANNE
STREET ADDRESS 601 BILL FRANCE BLVD, #170
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE TD ☐ DELETE

NAME SIGLER, KIM
STREET ADDRESS 576 CAMBRIDGE CIR
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME AMES, MERRILEE

1.3 STREET ADDRESS 6630 ENGRAM RD

1.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

2.1 TITLE VICE PRESIDENT + SECRET ☒ Change ☐ Addition

2.2 NAME ANNE SHERIDAN

2.3 STREET ADDRESS 601 BILL FRANCE BLVD #170

2.4 CITY-ST-ZIP DAYTONA BEACH FL 32114

3.1 TITLE VICE PRESIDENT - MEMBERSHIP ☒ Change ☐ Addition

3.2 NAME JOHN MISHCO

3.3 STREET ADDRESS 170 WINDSOR DR

3.4 CITY-ST-ZIP PORT ORANGE FL 32119

4.1 TITLE VICE PRESIDENT PROGRAMS + EDUCATION ☒ Change ☐ Addition

4.2 NAME DIANE EYRE

4.3 STREET ADDRESS 145 N HALIFAX AVE #711

4.4 CITY-ST-ZIP DAYTONA BEACH FL 32119

5.1 TITLE TREASURER ☐ Change ☐ Addition

5.2 NAME SIGLER, KIM

5.3 STREET ADDRESS 576 CAMBRIDGE CIR

5.4 CITY-ST-ZIP SOUTH DAYTONA FL 32119

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Merrilee K. Ames* SIGNATURE REQUIRED

1-10-99

(904) 423-5557

(904) 424-2202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)