


FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003832 (9)

1. Corporation Name

PARENTS WITHOUT PARTNERS GREATER GAINESVILLE CHA  
PTER 1356, INC.

Principal Place of Business

Mailing Address

11806 SW 143RD ST.  
ARCHER FL 32618

P.O. BOX 848  
ARCHER FL 32618-0848



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/02/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3439576	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSER, TIMOTHY  
11806 SW 143RD ST.  
ARCHER FL 32618

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 617.0503, Florida Statutes.

SIGNATURE

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 <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME OSER, TIMOTHY		1.2 NAME	
STREET ADDRESS (P.O. BOX 371) 11806 SW 143RD ST		1.3 STREET ADDRESS	
CITY-ST-ZIP ARCHER FL 32618		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DB SECRETARY TREASURER		2.2 NAME	
STREET ADDRESS MILLSAPS, DANIEL		2.3 STREET ADDRESS	
CITY-ST-ZIP 4421 NW 32ND ST.		2.4 CITY-ST-ZIP	
GAINESVILLE FL 32605			
TITLE <input checked="" type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME SMITH, DELILAH M		3.2 NAME	
STREET ADDRESS 3020 NW 28TH AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 32605		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DB VP FAMILY AND YOUTH		4.2 NAME	
STREET ADDRESS WILLIAMS, PEGGY		4.3 STREET ADDRESS	
CITY-ST-ZIP 1621 NE WALDO RD.		4.4 CITY-ST-ZIP	
GAINESVILLE FL 32609			
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DB VP FAMILY AND YOUTH		5.2 NAME	
STREET ADDRESS HARDENBROOK, BETSY		5.3 STREET ADDRESS	
CITY-ST-ZIP 3918 NW 20TH TE.		5.4 CITY-ST-ZIP	
GAINESVILLE FL 32605			
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Timothy Oser

4/10/98 (352)374-8799

CR2E037 (10/97)