

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Starnes</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004642 (1)**

1. Corporation Name

**PARENT TO PARENT OF THE CAPITAL AREA, INC.**



Principal Place of Business <b>1839 COTTAGE GROVE ROAD TALLAHASSEE FL 32303</b>	Mailing Address <b>1839 COTTAGE GROVE ROAD TALLAHASSEE FL 32303</b>
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3. Date Incorporated or Qualified

**08/14/1997**

4. FEI Number

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business <b>21 2916 Springfield Dr</b> Suite, Apt. #, etc.	2a. Mailing Address <b>22 P.O. Box 3562</b> Suite, Apt. #, etc.
23 <b>Tallahassee, FL</b> City & State	27 <b>Tallahassee, FL</b> City & State
24 <b>32308</b> Zip	28 <b>32315</b> Zip
25 <b>USA</b> Country	29 <b>USA</b> Country

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

9. Name and Address of Current Registered Agent

**GEORGE, ELIZABETH  
1839 COTTAGE GROVE ROAD  
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name <b>Linda Thabes</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2916 Springfield Dr</b>
83
84 City <b>Tallahassee</b>
85 Zip Code <b>FL 32308</b>

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 **Linda Thabes**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**3/12/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	NAME <b>GEORGE, ELIZABETH</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>1839 COTTAGE GROVE ROAD</b>		
CITY-ST-ZIP <b>TALLAHASSEE FL 32303</b>		
TITLE <b>D</b>	NAME <b>NASEHI, LEE</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>1820 OX BOTTOM ROAD</b>		
CITY-ST-ZIP <b>TALLAHASSEE FL 32312</b>		
TITLE <b>D</b>	NAME <b>GAYHARTT, KATHIE</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>1126 BENJAMIN CHAIRES RD</b>		
CITY-ST-ZIP <b>TALLAHASSEE FL 32311</b>		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Linda Thabes</b>	
1.3 STREET ADDRESS <b>2916 Springfield Dr</b>	
1.4 CITY-ST-ZIP <b>Tallahassee, FL 32308</b>	
2.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Margie Jessup</b>	
2.3 STREET ADDRESS <b>517 Teal Lane</b>	
2.4 CITY-ST-ZIP <b>Tallahassee, FL 32308</b>	
3.1 TITLE <b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Melinda Coulter</b>	
3.3 STREET ADDRESS <b>707 Parker Dr</b>	
3.4 CITY-ST-ZIP <b>Tallahassee, FL 32303</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS <b>need 2 more D's or P's</b>	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>BEATE SASE</b>	
5.3 STREET ADDRESS <b>2030 LAUREL ST</b>	
5.4 CITY-ST-ZIP <b>TALL FL 32303</b>	
6.1 TITLE <b>SECRETARY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>JULI DELMONES</b>	
6.3 STREET ADDRESS <b>4582 Autumn Wood WAY</b>	
6.4 CITY-ST-ZIP <b>TALL FL 32303</b>	

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: **M Coulter**  
Signature, typed or printed name of signing officer or director

**3/12/98**  
Date

CR2E037 (10/97)