

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90017 017 \*\*\*\*61.25

**NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999**



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

DOCUMENT # **N97000004642**

Corporation Name

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

Principal Place of Business

Mailing Address

SPRINGFIELD DRIVE  
 FL 32308

P O BOX 3562  
 TALLAHASSEE FL 32315  
 US



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/14/1997
City & State	City & State	4. FEI Number
Zip	Zip	APPLIED FOR 59-3488884
Country	Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THABES, LYNDIA**  
**2916 SPRINGFIELD DRIVE**  
**TALLAHASSEE FL 32308**

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					
P	THABES, LYNDIA	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST- ZIP	2916 SPRINGFIELD DR		1.1 TITLE	PRESIDENT - DIRECTOR	
	TALLAHASSEE FL 32308		1.2 NAME	LYNDIA THABES	
			1.3 STREET ADDRESS	2916 SPRINGFIELD DR	
			1.4 CITY-ST- ZIP	TALLAHASSEE FL 32308	
VP	JESSUP, MARGIE	<input type="checkbox"/> DELETE	2.1 TITLE	ELIZABETH GEORGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST- ZIP	517 TEAL LANE		2.2 NAME	1839 Cottage Grove Rd	
	TALLAHASSEE FL 32308		2.3 STREET ADDRESS	Tallahassee, FL 32303	
			2.4 CITY-ST- ZIP		
T	COULTER, MELINDA	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER - DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST- ZIP	707 PARKER DRIVE		3.2 NAME	MELINDA COULTER	
	TALLAHASSEE FL 32303		3.3 STREET ADDRESS	707 PARKER DR	
			3.4 CITY-ST- ZIP	TALLAHASSEE FL 32303	
D	SASS, BEATE	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST- ZIP	2030 LAUREL STREET		4.2 NAME		
	TALLAHASSEE FL 32303		4.3 STREET ADDRESS		
			4.4 CITY-ST- ZIP		
DS	DELMONEGO, JULI	<input type="checkbox"/> DELETE	5.1 TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST- ZIP	4582 AUTUMN WOODS WAY		5.2 NAME	Laurie Apgar	
	TALLAHASSEE FL 32303		5.3 STREET ADDRESS	4291 Rockingham Rd.	
			5.4 CITY-ST- ZIP	Tallahassee, FL	
			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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 Signature and typed or printed name of signing officer or director  
 Date  
 Daytime Phone

CR2E037 (11/98)