

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N97000006244 (4)**

1. Corporation Name

**PARKINSON SELF-HELP GROUP OF THE TREASURE COAST,  
INC.**

Principal Place of Business

Mailing Address

**2607 CHESTERFIELD DR.  
FORT PIERCE FL 34982**

**2607 CHESTERFIELD DR.  
FORT PIERCE FL 34982**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**11/05/1997**

4. FEI Number

**52-2083667**

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

TITLE **D** ☐ DELETE

NAME **CLAASSEN, D. RICHARD**  
STREET ADDRESS **2607 CHESTERFIELD DR.**  
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE **D** ☐ DELETE

NAME **CLAASSEN, JAMES**  
STREET ADDRESS **2890 DAME RD.**  
CITY-ST-ZIP **FORT PIERCE FL 34981**

TITLE **D** ☐ DELETE

NAME **ROSENBERG, LORETTA**  
STREET ADDRESS **421 12TH PL.**  
CITY-ST-ZIP **VERO BEACH FL 32982**

TITLE **D** ☐ DELETE

NAME **HOGSTAD, MYRA**  
STREET ADDRESS **1113 ADDIE AVE.**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE **D** ☐ DELETE

NAME **SCALES, FRANK**  
STREET ADDRESS **831 SE CHAPMAN AVE.**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

TITLE **D** ☐ DELETE

NAME **TOWNSEND, MILDRED**  
STREET ADDRESS **578 NW MONTEVINA**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34988**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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.

SIGNATURE: **5/1/98**

**561-461-3113**

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