NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700006244

1. Corporation Name

PARKINSON SELF-HELP GROUP OF THE TREASURE COAST,

Principal Place of Business

Mailing Address

2607 CHESTERFIELD DR. FORT PIERCE FL 34982

2007 CHESTERFIELD DR. FORT PIERCE FL 34982

FILED Jun 10, 1999 8:00 am Secretary of State

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Suite, Ap. 8, etc. 27 Suite, Ap. 8, etc. 4. FER Number Applied For S2-2083687 Not Applied For S2-	2. Principal Pla	ace of Business	2a. Mailing Address	•							
Suite, Apt. #, etc. 2	21	•								·	
CLAASSEN, D. RICHARD 28		#, etc.	Suite, Apt. #, etc.						-		
City & State Country Zip	22	<u>. —</u>	27				52-2083007		#0		
20 20 20 20 20 20 20 20	City & State		├ 1				5. Certifcate of Status Desired				
2 28 29 29 20 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 28 Street Address (P.O. Box Number is Not Acceptable) 28 Street Address (P.O. Box Number is Not Acceptable) 2907 CHESTERFIELD DR. FORT PIERCE FL 34982 11. Pursuant to the provisions of Sections 817,0502 and 617,1508, Florida Statutes, the above-named corporation's building this statement for the purpose of changing its registered agent. an immiliate with, and capet the obligation of Section 917,0503, Florida Statutes, the above-named corporation's building this statement for the purpose of changing its registered agent. an immiliate with, and capet the obligation of Section 917,0503, Florida Statutes, the above-named corporation's building this statement for the purpose of changing its registered agent. an immiliate with, and capet the obligation of Section 917,0503, Florida Statutes, the above-named corporation's building this statement for the purpose of changing its registered agent. an immiliate with, and capet the obligation of Section 917,0503, Florida Statutes, the above-named corporation's building this statement for the purpose of changing its registered agent. an immiliate with, and capet the obligation of Section 917,0503, Florida Statutes, the above-named corporation's building this statement for the purpose of changing its registered agent. an immiliate with, and capet the obligation of Section 917,0503, Florida Statutes, the above-named corporation's building this statement for the purpose of changing its registered agent. an immiliate with, and capet the obligation of Section 917,0503, Florida Statutes, the above-named corporation's building this statement for the purpose of changing its registered agent. and immiliate with, and capet the obligation of Section 917,0503, Florida Statutes, the above-named corporation's board of directors. Interest purpose of changing its registered agent. an immiliate with, and capet the purpose of changing its regis	23	Country		Countr			6. Flection Campaign Financing		\$5	5.00 M	av Be
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent CLAASSEN, D. RICHARD 2607 CHESTERFIELD DR. FORT PIERCE FL 34982 11. Pursuant to the provisions of Sections 617,0902 and 617,1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligation of . Section Statutes. 11. Pursuant to the provisions of Sections 617,0902 and 617,1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligation of . Section Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE 15. D. CLAASSEN, D. RICHARD 15. STREET ADDRESS 16. CIVY. ST. ZP 17. PORT PIERCE FL 34982 16. CIVY. ST. ZP 17. PORT PIERCE FL 34981 17. STREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. CLAASSEN, D. RICHARD 18. TITLE 19. CLAASSEN, JAMES 21. TITLE 22. NAME 23. STREET ADDRESS 24. CIVY. ST. ZP 17. PORT PIERCE FL 34981 24. CIVY. ST. ZP 17. PORT PIERCE FL 34981 25. STREET ADDRESS 27. VERD BEACH FL 32962 17. ST. ZP 17. ST. Z	一、 ·			-	•	Ţ		با	•		•
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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: