

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

06-10-1999 90042 014 ****61.25

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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

3. Date Incorporated or Qualified

11/05/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

52-2083667

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAASSEN, D. RICHARD
2607 CHESTERFIELD DR.
FORT PIERCE FL 34982

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE

NAME **D**
ROSENBERG, LORETTA
STREET ADDRESS **421 12TH PL.**
CITY-ST-ZIP **VERO BEACH FL 32962**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
SCALES, FRANK
STREET ADDRESS **631 SE CHAPMAN AVE.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
TOWNSEND, MILDRED
STREET ADDRESS **578 NW MONTEVINA**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

D. RICHARD CLAASSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99 **561-461-3103**
Date Daytime Phone #