


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90035 001 ****61.25

08-06-2007 90035 002 *****8.75

DOCUMENT # N04000006874	
1. Entity Name PARTNERSHIP FOR COMMUNITY PROGRAMS, INC.	

Principal Place of Business 3435 N. 12TH AVE. PENSACOLA, FL 32503	Mailing Address P.O. BOX 9759 PENSACOLA, FL 32513
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66020743

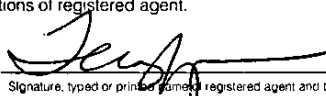
2. Principal Place of Business - No P.O. Box # 4081 E. Olive Rd.	3. Mailing Address P.O. Box 11399
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc.
City & State Pensacola, FL	City & State Pensacola, FL
Zip 32514	Country USA
Zip 32524	Country USA



07122007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2428126		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
JOSEPH, TERRY DIR 3435 N. 12TH AVE. PENSACOLA, FL 32503		
7. Name and Address of New Registered Agent		
Name Terry Joseph Dir		
Street Address (P.O. Box Number is Not Acceptable) 4081 E. Olive Rd		
Suite A		
City Pensacola	FL	Zip Code 32514

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

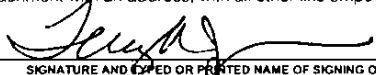
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **7/30/07**

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JOSEPH, TERRY DIR 3435 N. 12TH AVE. PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Joseph, Terry 4081 E. Olive Road, Suite A Pensacola, FL 32514 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, DAWN 3435 N 12TH AVE PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Schwartz, Dawn 4081 E. Olive Road, Suite A Pensacola, FL 32514 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, BILL 1804 LEWIS TURNER BLVD FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Roberts, Bill 1804 Lewis Turner Blvd. Fort Walton Beach, FL 32547 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Dozier, Bill 310 W. 6th Street Panama City, FL 32401 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Taylor, Cody 201 N. Oklahoma Street Bonifay, FL 32425 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **7/30/07 850 332 7976**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #