

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006874

FILED
Jan 14, 2009
Secretary of State

Entity Name: PARTNERSHIP FOR COMMUNITY PROGRAMS, INC.

Current Principal Place of Business:

4081 E. OLIVE RD
SUITE A
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11399
PENSACOLA, FL 32524

New Mailing Address:

FEI Number: 20-2428126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOSEPH, TERRY DIR
4081 E. OLIVE RD SUITE A
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: JOSEPH, TERRY DIR
Address: 4081 E. OLIVE RD SUITE A
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: SCHWARTZ, DAWN
Address: 4081 E. OLIVE RD SUITE A
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: ROBERTS, BILL
Address: 1804 LEWIS TURNER BLVD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: DOZIER, BILL V-CHAIR
Address: 310 W. 6TH STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: TAYLOR, CODY CHAIR
Address: 201 N. OKLAHOMA STREET
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: HENDRICKS, BRENDA
Address: P.O. BOX 10619
City-St-Zip: PARKER, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PATE, JOEL V-CHAIR
Address: 12 COPE ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: D (X) Change () Addition
Name: DOZIER, BILL CHAIR
Address: 310 W. 6TH STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: D (X) Change () Addition
Name: TAYLOR, CODY
Address: 201 N. OKLAHOMA STREET
City-St-Zip: BONIFAY, FL 32425

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY A. JOSEPH

DIR

01/14/2009

Electronic Signature of Signing Officer or Director

Date