

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006874

FILED
Apr 30, 2012
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 ()

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

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

Title: D
Name: PATE, JOEL CHAIR
Address: 12 COPE ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: D
Name: HESTER, GRADY VCHAIR
Address: 6312 HAPPY LANE
City-St-Zip: MILTON, FL 32570

Title: D
Name: ROBERTS, BILL
Address: 1804 LEWIS TURNER BLVD
City-St-Zip: FT.WALTON BEACH, FL 32547

Title: D
Name: ENNIS, HENRY
Address: 679 BAY AVENUE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby 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 all other like empowered.

SIGNATURE: JOEL PATE

CHAI

04/30/2012

Electronic Signature of Signing Officer or Director

Date