

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12288 (9)

1. Corporation Name

PARTNERS N PROGRESS, INC.



Principal Place of Business

Mailing Address

% CATHY SANTA
225 1ST AVENUE SW
LARGO FL 34640-3503

% CATHY SANTA
225 1ST AVENUE SW
LARGO FL 34640-3503

3. Date Incorporated or Qualified
11/26/1985

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2597553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANTA, CATHY
225 1ST AVENUE SW
LARGO FL 33540

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SUDNIK, SUSAN
STREET ADDRESS 349 LAHACIENDA
CITY-ST-ZIP INDIAN ROCKS BEACH FL ☐ DELETE

11 TITLE DP
12 NAME SUDNIK, SUSAN
13 STREET ADDRESS 2000 West Bay Drive Suite 1
14 CITY-ST-ZIP LARGO, FL 34640 ☒ Change ☐ Addition

TITLE DT
NAME WILLETT, RONALD
STREET ADDRESS 2100 WEST BAY DR.
CITY-ST-ZIP LARGO FL ☒ DELETE

21 TITLE DT
22 NAME MARK R. HAMMER
23 STREET ADDRESS 8997 131ST PLACE N. SUITE 200
24 CITY-ST-ZIP LARGO, FL 34643 ☐ Change ☒ Addition

TITLE DVP
NAME MCCOLLUM, RICK
STREET ADDRESS 125 5TH ST., S
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

31 TITLE DVP
32 NAME McCollum, Rick
33 STREET ADDRESS 3003 BLUFFS DR
34 CITY-ST-ZIP LARGO, FL 34640 ☒ Change ☐ Addition

TITLE D
NAME SANTA, CATHY B.
STREET ADDRESS 225 1ST AVE. SW
CITY-ST-ZIP LARGO FL ☒ DELETE

41 TITLE D
42 NAME Joanne Frizzell
43 STREET ADDRESS 2200 Tall Pines Dr #108
44 CITY-ST-ZIP LARGO, FL 34641 ☐ Change ☒ Addition

TITLE DS
NAME HOPPE, CINDY
STREET ADDRESS 10500 ULMERTON ROAD. E #510
CITY-ST-ZIP LARGO FL ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PPD
NAME BURKE, PAT
STREET ADDRESS PARAGON CABLE- 472 5TH AVENUE SE
CITY-ST-ZIP LARGO FL ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

621-96

813-530-1222

CR2E037 (12/95)