FILE NOW: FILING FEE IS \$61.25 NONPROFIT CORPORATION ANNUAL REPOST 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

PARTI	NERS N PROGRESS, INC.							
Principal Plac	e of Business	Mailing Address					41811 81811 81811 8	
16 CATHY SANTA 225 18T AVENUE 8W LARGO FL 34840-3503		PARTNERS N PROGRESS INC P.O BOX 1030 LARGO FL 33779 US		 Date Incorporated or 11/26/1985 FEI Number 59-2597553 	Qualified		pplied For	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status I	Desired		lot Applicable Additional	
Sulte, Apt. #, etc.		26 Cuito Ant # -15	Suite, Apt. #, etc.					lequired
⊢		h	27		Election Campaign F. Trust Fund Contributi		\$5.00 Added t	
City & State		City & State		7. Is this nonprofit corpo				
23		28			☐ Yes	□ No		
Zip ,	Country	Zip	Country		8. This corporation owe			
24	25		30		Personal Property Te. 10. Name and Address			No
9. Name and Address of Current Registered Agent						oi New Registerer	a Agent	
CANTA	CATHY		81	Name				
Santa, Cathy 225 1st avenue sw			82	Street.	Address (P.O. Box Number is No	t Acceptable)		
	FL 83540		83		- 			
			84	City			AP 7in	Code
(scap ceetilies)						F	ᆸᆝᆝ	
11. Pursuant office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State im familiar with, and accept the obliga	and 617.1508, Florida Statute of Florida, Such change was a	es, the above	-named	corporation submits this stateme	nt for the purpose	of changing i	ts registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503, Flo	rida Statutes	i	poration's board of directors. The	recy accept the as	Apolitiment as	registered
SIGNATURE	District							
12.	Signature, typed or printed name of registered agor OFFICERS AND		13.	nt signature	e required when reinstating) ADDITIONS/CHANGES	DATE	UD DIRECTOR	20 INI 12
TITLE	DPP	DELETE	1.1 TITLE		ADDITIONO/OFFIANGES	1 TO OFFICERS AF	Change	Addition
NAME	SUDNIK, SUSAN		1.2 NAME					
STREET ADDRESS 2000 WEST BAY DR., SUITE #5			1.3 STREET	ADDRESS				
CITY+ST-ZIP	LARGO FL		1.4 CITY-SI	r-ZIP				
TITLE	DT	☐ DELET E	2.1 TITLE				Change	☐ Addition
NAME	HAMMER, MARK R		2.2 NAME		1000 S. Belcher R	1 Cta 140	2	
STREET ADDRESS 8997 131ST PLACE N SUITE 200			2.3 STREET	ADDRESS			•	
CITY-ST-ZIP	LARGO FL		2. 4 CITY - S	T-ZIP	Largo , FL 33771	,		
TITLE	DVP	☐ DELETE	3.1 TITLE		DP		Change Change	Addition
NAME	RICE, JAY		3.2 NAME		Rice, JAY			
STREET ADDRESS	13080 S BELCHER RD LARGO FL		3.3 STREET		13060 S. Belcher Rd.			
CITY-ST-ZIP TITLE	DP	DELETE	3.4. City-S 4.1 Title	T - ZIP	DPP		Change	Addition
NAME	FRIZZELL, JOANNE		4.1 IIIEE 4.2 NAME				Es cliatina	Audition
STREET ADDRESS	2200 TALL PINES DR #108		4.3 STREET	ADDRESS	Frizzell, Joanna 2200 Tall Ans Dr.	#110 ·		
CITY+ST-ZIP	LARGO FL		4.4 CITY - ST		Largo FL 33771			
TITLE	DS	DELETE	5.1 TITLE	-4.11			Change	Addition
NAME	MILLER, PHYLLIS M.		5.2 NAME		•		_ •	Or .
STREET ADDRESS	12345-A STARKEY ROAD		5.3 STREET	ADDRESS				4.17
CATY-ST-ZIP	LARGO FL		5.4 CITY-ST	- ZIP				•
TITLE	PPD	⊠ DELETE	6.1 TITLE		CR		Change	Addition
NAME	BURKE, PAT	_	62 NAME		Cathy Santa	•		
STREET ADDRESS	PARAGON CABLE- 472 5TH A	VENUE SE	6.3 STREET	ADDRESS	Cathy Santa	J	. ~	, , , , , , ,
A A	FATWYN CI	the state of the s	🛲		1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			

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 ennual 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.

Tack I RICE To.

FILED

Apr 17 1998 8:00am

Secretary of State