FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

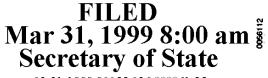
Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12288

1. Corporation Name

PARTNERS N PROGRESS, INC.



03-31-1999 90055 036 ****61.25

	ilo it thoungo, ito					•	
Principal Plac	ce of Business	Mailing Address			-		
% CATHY SANTA PARTNERS N PF 225 1ST AVENUE SW P.O BOX 1030		PARTNERS N PROGRESS IN P.O BOX 1030 LARGO FL 33779	n progress inc 30				
	Place of Business	2a. Mailing Address	-		3. Date Incorporated or Qualifed		
21 26					11/26/1985		
Suite, Apt. #, etc.					4. FEI Number 59-2597553		plied For
22 27 City & State City & State					39-2391930	\$8.75 A	t Applicable
City & State City & State 28			-		5. Certifcate of Status Desired	Fee Re	
Zip ₩ Country Zip			Country	у	6. Election Campaign Financing	\$5.00	May Be
24	25		30		Trust Fund Contribution	Added to	
	9. Name and Address of Current	<u> </u>			10. Name and Address of New Registered	Agent	
			81	Name			
SANTA, CATHY			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
225 1ST /		83	3				
D 11/00 / 1	2 000 10		84	City		85 Zip C	Code
:				1 1	<u>Fl</u>	_	
office or i	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was au- ions of, Section 617.0503, Flori	thorized by da Statute:	the corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	intment as rec	jistered
	Signature, typed or printed name of registered agent			ent signature required	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	DS IN 12
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE ING A	☐ Change	Addition
TITLE	CR CATHY	C DELETE	1.2 NAME				
NAME STREET ADDRESS	SANTA, CATHY 225 1ST AVE. SW		1	ET ADORESS		•	
CITY-ST-ZIP	LARGO FL 33540		1.4 CITY-1				•
TITLE	DT	☐ DELETE	2.1 TITLE	31-21		☐ Change	Addition
NAME	HAMMER, MARK R		2.2 NAME				
STREET ADDRESS		ı	2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	LARGO FL 33771		2. 4 CITY-	ST-ZIP			
TITLE -	DP T	- DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	RICE, JAY		3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADORESS			
CITY-ST-ZIP	LARGO FL 33771		3.4. CITY-	ST-ZIP			
TITLE	DPP	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	FRIZZELL, JOANNE		4. 2 NAME				
	2200 TALL PINES DR #110			ET ADDRESS			
CITY-ST-ZIP	LARGO FL 33771		4.4 CITY-5			☐ Change	Addition
TITLE	DS		5.1 TITLE 5.2 NAME				
NAME	MILLER, PHYLLIS M.		1.	ET ADDRESS			
STREET ADDRESS	,		5.4 CITY-:				
CITY-ST-ZIP	LARGO FL	DELETE	6.1 TITLE			☐ Change	Addition
			6.2 NAME	•			
NAME	.}			ET ADDRESS			
STREET ADDRESS			6.4 CITY-				
CITY-ST-ZIP	<u> </u>		0.401114	O1-71L			

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/99

(727)507-0755 VOavlime Phone #