# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 05, 2005 8:00 am**
**Secretary of State**
07-05-2005 90117 012 ****61.25

DOCUMENT # N12288

1. Entity Name
PARTNERS N PROGRESS FOR THE ARTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| LARGO CULTURAL CENTER<br>105 CENTRAL PARK DR<br>LARGO, FL 33771 US | PARTNERS N PROGRESS INC<br>P.O BOX 1030<br>LARGO, FL 33779 US |

06282005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2597553 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| OSBORNE, SUE<br>105 CENTRAL PARK DR<br>LARGO, FL 33771 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sue Osborne 6-29-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>OSBORNE, SUE<br>10621 117TH DRIVE N<br>LARGO, FL 33773 | ☐ Delete | DP<br>Sue Bordeaux<br>11100 Iroquis Way<br>Largo, FL 33774 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SV<br>JUHL, SUSAN<br>2530 DREW ST.<br>CLEARWATER, FL 33765 | ☐ Delete | SV<br>Susan Juhl<br>700 Carillon Pkwy #6<br>St Petersburg, FL 33716 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RIVES, MARIE T<br>1265 S MYRTLE AVE<br>CLEARWATER, FL 33756 | ☒ Delete | D<br>Danny Lehan<br>13100 Walsingham Rd<br>Largo, FL 33774 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TOPPE, JOHN<br>2714 NINTH STREET N<br>SAINT PETERSBURG, FL 33704 | ☐ Delete | D<br>Shelley Wagner<br>11024 129th Ave N<br>Largo, FL 33778 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Sue Osborne 6-29-05 727-397-5563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #