FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N13386** **(0)**

1. Corporation Name

PROGRESS VILLAGE FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O LOIS C.S. BOWERS 8306 FIR DR TAMPA FL 33619-4142	C/O LOIS C.S. BOWERS 8306 FIR DR TAMPA FL 33619-4142

2. Principal Place of Business	2a. Mailing Address
21 Progress Village Foundation, Inc.	26 Progress Village Foundation, Inc.
Suite, Apt. #, etc. 22 7933 Flower Ave.	Suite, Apt. #, etc. 27 7933 Flower Ave.
City & State 23 Tampa, Fla.	City & State 28 Tampa, Fla.
Zip / Country 24 33619 / 25 USA	Zip / Country 29 33619 / 30 USA

3. Date Incorporated or Qualified: 02/11/1986

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2807536 ☐ 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

BOWERS, LOIS C.S.
8306 FIR DR
TAMPA FL 33619

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FORT, CLARENCE		1.2 NAME		
STREET ADDRESS	4907 84TH STREET S.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOWERS, WALLACE		2.2 NAME		
STREET ADDRESS	8306 FIR DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOWERS, LOIS		3.2 NAME		
STREET ADDRESS	8306 FIR DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	FS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FORT, YVONNE		4.2 NAME		
STREET ADDRESS	4907 84TH STREET S.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WEBB, BEVERLY		5.2 NAME		
STREET ADDRESS	8104 FIR DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, MARY		6.2 NAME		
STREET ADDRESS	8327 ALLAMANDA AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

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: Lois C.S. Bowers 3-25-96 813-671-5110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)