

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

**7833 FLOWER AVENUE
TAMPA FL 33619-4142
US**

**7833 FLOWER AVENUE
8306 FIR DR
TAMPA FL 33619-4142
US**

3. Date Incorporated or Qualified

02/11/1986

4. FEI Number

59-2807536

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE
NAME **FORT, CLARENCE**
STREET ADDRESS **4907 84TH STREET S.**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **BOWERS, WALLACE**
STREET ADDRESS **8306 FIR DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE **P** ☐ DELETE
NAME **BOWERS, LOIS**
STREET ADDRESS **8306 FIR DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE **FS** ☐ DELETE
NAME **FORT, YVONNE**
STREET ADDRESS **4907 84TH STREET S.**
CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☐ DELETE
NAME **WEBB, BEVERLY**
STREET ADDRESS **8104 FIR DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **ALLEN, MARY**
STREET ADDRESS **8327 ALLAMANDA AVE.**
CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Lois C.S. Bowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-27-98 813-671-5113

CR2E037 (5/98)

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