

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 # **N28313** (7)

1. Corporation Name

PARTNERS IN SELF-SUFFICIENCY, INC.



Principal Place of Business

Mailing Address

**210 EWING AVE
CLEARWATER FL 34616
US**

**P. O. BOX 960
CLEARWATER FL 34617-0960
US**

3. Date Incorporated or Qualified
09/12/1988

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2951437

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

10. Name and Address of New Registered Agent

**TANKEL, ROBERT L.
83 N GARDEN AVE
SUITE 960
CLEARWATER FL 34615-1116**

81 Name **Tankel Robert L**
82 Street Address (P.O. Box Number is Not Acceptable)
2655 McCormick Drive
83
84 City **Clearwater** FL 85 Zip Code **34619**

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 617.0508, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARVEY, RITA	
STREET ADDRESS	1550 RIDGEWOOD ST	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RITZ, NANCY J.	
STREET ADDRESS	11891 WALKER AVE	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALDO, JAMES	
STREET ADDRESS	2530 DREW ST	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VINCENT, DEBORAH	
STREET ADDRESS	210 EWING AVE	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TANKEL, ROBERT L.	
STREET ADDRESS	83 N GARDEN AVE, STE 960	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAYLOR, NANCY	
STREET ADDRESS	1722 CYPRESS AVE	
CITY - ST - ZIP	BELLEAIR FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PAUL R. WIGGINS
3.3 STREET ADDRESS	3413 E. KNOLLWOOD
3.4 CITY - ST - ZIP	Tampa, FL 33610
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PID
5.3 STREET ADDRESS	2655 MCCORMICK DRIVE
5.4 CITY - ST - ZIP	Clearwater FL 34619
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Deborah Vincent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/31/96**

Daytime Phone # **461-5777**

CR2E037 (12/95)