## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** N28313

(7)

PARTN Principal Place	ers in Self-Sufficiency	Y, INC.			
210 EWING AVE P. O. BOX 980 CLEARWATER FL 34616 CLEARWATER FL 34617-09			1 060		
US		US		3. Date Incorporated or Qualified 09/12/1988	3a. Date of Last Report 02/01/1996
2. Principat Pl	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2951437	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip <b>29</b>	Country 30		Yes No
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Re	gistered Agent
TANKEL, ROBERT L. 20055 MCCORMICK DRIVE SUITE 900				Vancy J. Ritz ress (P.O. Box Number is Not Acceptab 891 Walker Lue	
		2 and 617.1508, Florida Statut of Florida, Such change was a	es, the above-named corpora	poration submits this statement for the potention's board of directors. I hereby acception's	FL 85 Zip Code 346 4 2 purpose of changing its registered of the appointment as registered
SIGNATURE _	m familiar with, and accept the obligation of the state of the obligation of the obl	(Cidm	DTIGE Statutes,  E: Registered Agent signature requi	/-	29-77
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	Đ	DELETE	1.1 TITLE		Change Addition
NAME	GARVEY, RITA		1.2 NAME		
STREET ADDRESS	1550 RIDGEWOOD ST		1.3 STREET ADDRESS		
CITY+S1-ZIP	CLEARWATER FL		1.4 CITY+ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RITZ, NANCY J.		2.2 NAME		
STREET ADDRESS	11891 WALKER AVE		23 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		2 4 CITY-SY-ZIP		
TITLE	D	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	WIGGINGS, PAUL R.		3.2 NAME		
STREET ADDRESS	3413 E KNOLLWOOD		3.3 STREET ADDRESS		
CITY-S1-ZIP	TAMPA FL	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	D MANOENT DEDODÁU	□ ocres	4.1 TITLE		FF Amonga FF Amongon
NAME STOREY ADDRESS	VINCENT, DEBORAH 210 EWING AVE		4.2 NAME		
STREET ADDRESS	CLEARWATER FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PD PD	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	TANKEL, ROBERT L.	7	5.2 NAME		The same of the sa
STREET ADDRESS	2655 MCCORMICK DRIVE		5.3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KAYLOR, NANCY		6.2 NAME		<b>·</b> · ·
STREET ADDRESS	1722 CYPRESS AVE		6.3 STREET ADDRESS		
CITY ST. 7IP	RELIFAIR FI		6.4 City - ST - ZiP		

14. I do 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: X

**FILED** 

Feb 06 1997 8:00am

Secretary of State