

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

210 EWING AVE
CLEARWATER FL 34616-
US 33756

Mailing Address

P. O. BOX 860
CLEARWATER FL 34617-0860
US 33757-

3. Date Incorporated or Qualified

09/12/1988

4. FEI Number

59-2951437

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

RITZ, NANCY J.
11891 WALKER AVE.
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name

Candy B. Zimmerman

82 Street Address (P.O. Box Number is Not Acceptable)

741 Mandalay Avenue

83

84 City

Clearwater

FL

85 Zip Code

33767

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

Candy B. Zimmerman

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

(NOTE: Registered Agent signature required when reinstating)

1/27/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GARVEY, RITA
STREET ADDRESS 1550 RIDGEWOOD ST
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME RITZ, NANCY J.
STREET ADDRESS 11891 WALKER AVE
CITY-ST-ZIP SEMINOLE FL

TITLE D ☒ DELETE

NAME WIGGINGS, PAUL R.
STREET ADDRESS 3413 E KNOLLWOOD
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE

NAME VINCENT, DEBORAH
STREET ADDRESS 210 EWING AVE
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME KAYLOR, NANCY
STREET ADDRESS 1722 CYPRESS AVE
CITY-ST-ZIP BELLEAIR FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Candy B. Zimmerman

1/27/98

CP2E037 (10/97)