2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28313

Entity Name: PARTNERS IN SELF-SUFFICIENCY, INC.

FILED Jan 06, 2004 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

2900 TANGLEWOOD DRIVE, BLDG H 901 CHESTNUT STREET

CLEARWATER, FL 33759 SUITE E

CLEARWATER, FL 33756 US

Current Mailing Address: New Mailing Address:

901 CHESTNUT STREET 2900 TANGLEWOOD DRIVE, BLDG H

CLEARWATER, FL 33759 SUITE E

CLEARWATER, FL 33756 US

FEI Number: 59-2951437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHALACKE, LYNN HUDOCK, AMY

6499 38TH ÁVE NORTH 1680 GULF TO BAY BOULEVARD STE 2N CLEARWATER, FL 33375 ST PETERSBURG, FL 32710 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

in the State of Florida.

SIGNATURE: AMY HUDOCK 01/06/2004 Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

GARVEY, RITA, HUDOCK, AMY CHAIR Name: Name: 1550 RIDGEWOOD ST Address: 1680 GULF TO BAY BOULEVARD Address: City-St-Zip: CLEARWATER, FL City-St-Zip: CLEARWATER, FL 33755

Title: () Delete Title: () Change () Addition

RIVELLINI, KIMBERLY Name: Name: Address: 1329 FAIRFIELD DR Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip:

Title: () Delete Title: (X) Change () Addition HUDOCK, AMY Name: STONE, JOHN SEC. Name:

1680 GULD BAY BLVD 17757 US 19, N, SUITE 275 Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: CLEARWATER, FL 33764

Title: () Delete Title: () Change (X) Addition Name: Name: BETHELL, EVELYN TREAS. Address: Address: 1100 CLEVELAND ST., SUITE 1500 City-St-Zip: City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY HUDOCK CHAL 01/06/2004