

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90138 042 ****61.25

DOCUMENT # N28313

1. Entity Name
PARTNERS IN SELF-SUFFICIENCY, INC.



Principal Place of Business
**901 CHESTNUT STREET
SUITE E
CLEARWATER, FL 33756 US**

Mailing Address
**901 CHESTNUT STREET
SUITE E
CLEARWATER, FL 33756 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2951437

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUDOCK, AMY
1680 GULF TO BAY BOULEVARD
CLEARWATER, FL 33755**

7. Name and Address of New Registered Agent

Name **Rivellini, Kym**
Street Address (P.O. Box Number is Not Acceptable)

1101 TURNER STREET

City **Clearwater, FL** Zip Code **33756**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kym B. Rivellini

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **HUDOCK, AMY CHAIR**
STREET ADDRESS **1680 GULF TO BAY BOULEVARD**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE ☐ Change ☐ Addition
NAME **Rivellini, Kym CHAIR**
STREET ADDRESS **1101 Turner street**
CITY-ST-ZIP **Clearwater, FL 33756**

TITLE **D** ☐ Delete
NAME **RIVELLINI, KYM VICE CH**
STREET ADDRESS **1101 TURNER STREET**
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE ☐ Change ☒ Addition
NAME **Williamson, Steven Vice ch**
STREET ADDRESS **911 Chestnut Street**
CITY-ST-ZIP **Clearwater, FL 33756**

TITLE **D** ☒ Delete
NAME **YOUNG, DELOIS SEC.**
STREET ADDRESS **P.O. BOX 694**
CITY-ST-ZIP **CLEARWATER, FL 33757**

TITLE ☐ Change ☒ Addition
NAME **Moore, William Sec**
STREET ADDRESS **600 Bypass Drive, Suite 223B**
CITY-ST-ZIP **Clearwater, FL 33764**

TITLE **D** ☐ Delete
NAME **BETHELL, EVELYN TREAS.**
STREET ADDRESS **1100 CLEVELAND ST., SUITE 1500**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE ☐ Change ☐ Addition
NAME **Bethell, Evelyn Treas.**
STREET ADDRESS **2189 Cleveland Street**
CITY-ST-ZIP **Clearwater, FL 33765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia A. Fox **Cynthia A. Fox** **3/23/06** **(774) 46-7778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone