

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 # **N29454** (8)

1. Corporation Name

**PARTNERS IN COMMUNITY BUILDING, INC.**



Principal Place of Business

Mailing Address

**3 BEACHWAY NORTH  
OCEAN RIDGE FL 33435-4616  
US**

**3 BEACHWAY NORTH  
OCEAN RIDGE FL 33435-4616  
US**

3. Date Incorporated or Qualified

**11/28/1988**

3a. Date of Last Report

**03/24/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINLEY, CHANDLER R  
1645 PALM BEACH LAKES BLVDD  
#300  
WEST PALM BEACH FL 33401**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **PD  
FINLEY, WILLIAM E**  
STREET ADDRESS **3 BEACHWAY NORTH**  
CITY - ST - ZIP **OCEAN RIDGE FL 33435**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **SD  
HANNON, DAVID**  
STREET ADDRESS **1 N KROME AVE**  
CITY - ST - ZIP **HOMESTEAD FL 33030**

**S.D. HANNON, DAVID  
119 N. SHORE RD  
LAKESIDE CT 06758**

TITLE ☒ DELETE

3.1 TITLE ☒ Change ☒ Addition

NAME **TD  
SPERANTSAS, DEAN**  
STREET ADDRESS **1 N KROME AVE**  
CITY - ST - ZIP **HOMESTEAD FL 33030**

**TD  
WEST, EDWARD  
5815 NW 25TH TER  
BOCA RATON FL 33496**

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **D  
CORBETT, JOHN**  
STREET ADDRESS **319 CLEMATIS ST., #200**  
CITY - ST - ZIP **W PALM BCH FL**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D  
TENNEBAUM, ROB**  
STREET ADDRESS **5422 WILD TURKEY LANE**  
CITY - ST - ZIP **COLUMBIA MO 21044**

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)