

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N36756** (7)

1. Corporation Name

UNITY-PROGRESSIVE COUNCIL, INC.

Principal Place of Business

P.O. BOX 7753
CLEARWATER FL 34618-7753

Mailing Address

P.O. BOX 7753
CLEARWATER FL 34618-7753



3. Date Incorporated or Qualified
02/19/1990

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3016072

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THROCKMORTON, CHARLES R.
3890 24TH AVE N
ST PETERSBURG FL 33713**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **THROCKMORTON, CHARLES R**
STREET ADDRESS **3890 24TH AVE N**
CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **DV** ☐ DELETE
NAME **HAMMOCK, LEDDY ELAINE**
STREET ADDRESS **1497 ROSETREE CT**
CITY-ST-ZIP **CLEARWATER FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **GERARD, ERIC S**
STREET ADDRESS **2533 12TH AVE SW**
CITY-ST-ZIP **LARGO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DT** ☒ DELETE
NAME **BECK, HELEN**
STREET ADDRESS **6016 PENNSYLVANIA AVENUE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **DT**
4.3 STREET ADDRESS **Thomas, Marilyn G.**
4.4 CITY-ST-ZIP **147 Davenport Ave NE
St. Petersburg FL 33702**

TITLE **D** ☐ DELETE
NAME **REDMOND, FRANCES**
STREET ADDRESS **795 COUNTY RD 1 #149**
CITY-ST-ZIP **PALM HARBOR FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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: *Marilyn G. Thomas*

Marilyn G. Thomas

2/26/96

(813) 527-1103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)