**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N36756**

1. Corporation Name

UNITY-PROGRESSIVE COUNCIL, INC.

Principal Place of Business
P.O. BOX 7753
<b>CLEARWATER FL 34618-7753</b>

2. Principal Place of Business

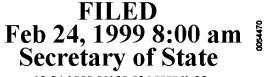
Mailing Address

2a. Mailing Address

P.O. BOX 7753

CLEARWATER FL 33758-753

26



02-24-1999 90139 024 \*\*\*\*61.25

3. Date Incorporated or Qualifed

02/19/1990

- 1		120						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Applied For		
22		27			. 59-3016072	Not Applicable		
City & Stat	te	City & State			5. Certificate of Status Desired	8.75 Additional .		
23		28	28		5. Certificate of Status Desired	Fee Required		
Zip	Country	Zip	Countr	у	6. Election Campaign Financing	\$5.00 May Be		
4	25	29	30		Trust Fund Contribution	Added to Fees		
	9. Name and Address of Current	<u> </u>	<del></del>		10. Name and Address of New Registered Age	nt		
			8	1 Name	ne			
3890 24TH AVE N				82 Street Address (P.O. Box Number is Not Acceptable) 83				
							ST PETERSBURG FL 33713	
			8	4 City	8	5 Zip Code		
					FL   *			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the abo	ve-named	corporation submits this statement for the purpose of char	nging its registered		
office or r	egistered agent, or both, in the State of	f Florida. Such change was au	ithorized b	y the corp	oration's board of directors. I hereby accept the appointment	ent as registered		
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0303, Flor	iga Statute	15.				
SIGNATURE	Signature, typed or printed name of registered agent	- J CH - If and leading (NOTE)	Pagietarad Ag	ent ekansture	required when reinstating) DATE	<del></del>		
12.	Signature, typed or printed name or registered agent of OFFICERS AND		13.	ant agriculo	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12		
		DIRECTORS DELETE	1,1 TITLE		יאל יוען	Change  Addition		
TITLE	D	ACM DESCRIPTION			likaau AATV			
NAME EDSON-BAIRD, VICTORIA R 1.2 NAM				BUCE COUNTRYSIDE BLVD.	#8			
STREET ADDRESS	RESS 769 BROOK ST 1.3 STREET ADD		ET ADDRESS	3455 COUNTRYSIDE BLVD. #8				
CITY-ST-ZIP	LARGO FL 33770		1.4 CITY-		CLEARWAIER FL 337	D /		
TITLE	\ DV	<b>⊠</b> DELETE	2.1 TITLE	D	CLEARWATER FL 337 de Chant, MARILYN -	Change  Addition		
NAME	HAMMOCK, LEDDY ELAINE		2.2 NAME		61/9 Illi NOIS AVE	•		
STREET ADDRESS			61/9 2111 1043 111-	,				
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-	ST-ZIP	NEW PORT RICHEY FL	34653		
TITLE	DS	☐ DELETE	3.1 TITLE			Change		
NAME	GERARD, ERIC S		3.2 NAME					
STREET ADDRESS	2533 12TH AVE SW		3.3 STRE	ET ADDRESS	•			
-	1		3.4. CITY-					
CITY-ST-ZIP TITLE	LARGO FL	□ DELETE	4.1 TITLE		П	Change		
	DT		4. 2 NAME			- <del>-</del>		
NAME	THOMAS, MARILYN G.							
STREET ADDRESS	147 DAVENPORT AVE NE			ET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL	ST prietr	4.4 CITY-		DP .	Change Addition		
TITLE	DP	<b>M</b> DELETE	5.1 TITLE		COMPAINT B GUIFAI	Change Mudicion		
NAME	REDMOND, FRANCES		5.2 NAME		COHENOUR GWEN 2301 WILLIAMS DR			
STREET ADDRESS	795 COUNTY RD 1 #149			ET ADDRESS	LOO! WIGHTIMIS FIT	,,		
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-		CLEARWATER FL 3376			
TITLE		☐ DELETE	6.1 TITLE			Change		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STRE	ET ADDRESS				
			64 CITY-	ST-ZIP				
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for			I d in Section 119.07(3)(i), Florida Statutes. I further certify t	hat 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, with all other like empowered.

Prad (MARTLYN G. THOMAS 1/15/99 (722) 527-403 SIGNATURE: