

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 24, 1999 8:00 am
Secretary of State

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

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DOCUMENT # N36756

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 33758-753
US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/19/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3016072

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

24

25

29

30

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 D ☒ DELETE
NAME EDSON-BAIRD, VICTORIA R
STREET ADDRESS 769 BROOK ST
CITY-ST-ZIP LARGO FL 337701.1 TITLE DV ☐ Change ☒ Addition
1.2 NAME VOISEY, ARTY
1.3 STREET ADDRESS 3455 COUNTRYSIDE BLVD. #8
1.4 CITY-ST-ZIP CLEARWATER FL 33761TITLE DV ☒ DELETE
NAME HAMMOCK, LEDDY ELAINE
STREET ADDRESS 1497 ROSETREE CT
CITY-ST-ZIP CLEARWATER FL2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME deCHANT, MARILYN
2.3 STREET ADDRESS 6119 ILLINOIS AVE
2.4 CITY-ST-ZIP NEW PORT RICHEY FL 34653TITLE DS ☐ DELETE
NAME GERARD, ERIC S
STREET ADDRESS 2533 12TH AVE SW
CITY-ST-ZIP LARGO FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE DT ☐ DELETE
NAME THOMAS, MARILYN G.
STREET ADDRESS 147 DAVENPORT AVE NE
CITY-ST-ZIP ST PETERSBURG FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE DP ☒ DELETE
NAME REDMOND, FRANCES
STREET ADDRESS 795 COUNTY RD 1 #149
CITY-ST-ZIP PALM HARBOR FL5.1 TITLE DP ☐ Change ☒ Addition
5.2 NAME COHENOUR, GWEN
5.3 STREET ADDRESS 2301 WILLIAMS DR
5.4 CITY-ST-ZIP CLEARWATER FL 33764TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Marilyn G. Thomas* **MARILYN G. THOMAS** 1/5/99 (722) 527-403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)