2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# N36756

Entity Name: UNITY-PROGRESSIVE COUNCIL, INC.

Current Principal Place of Business:

P.O. BOX 7753
CLEARWATER, FL 346187753

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7753
CLEARWATER, FL 33758753 US

New Mailing Address:

FEI Number: 59-3016072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: RANDOLPH, DIETER
Address: 1304 BRIGADOON DR.
City-St-Zip: CLEARWATER, FL 33759

Title: DV (X) Delete
Name: RANDOLPH, JENNIFER
Address: 1304 BRIGADOON DR.
City-St-Zip: CLEARWATER, FL 33759

Title: DT ( ) Delete
Name: HAMMOCK, ROBERT
Address: 1269 FLUSHING AVE.
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete
Name: SAMPSELL, JOY
Address: 1123 SE 3RD ST.
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: DS ( ) Delete
Name: CROFT, DENNIS
Address: 410 E. THELMA ST.
City-St-Zip: LAKE ALFRED, FL 33850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: LUCE, KEVIN
Address: 14878 55TH WAY N.
City-St-Zip: CLEARWATER, FL 33760

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change ( ) Addition
Name: HAMMOCK, ROBERT
Address: 1269 FLUSHING AVE.
City-St-Zip: CLEARWATER, FL 33764

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HAMMOCK DP 07/01/2004

Electronic Signature of Signing Officer or Director — Date