

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 # N48517 (9)

1. Corporation Name

PEOPLE FOR PROGRESS, INC.

Principal Place of Business

**804 N BAY ST
STE 2
EUSTIS FL 32726
US**

Mailing Address

**P O BOX 1845
MT DORA FL 32757
US**



3. Date Incorporated or Qualified
04/20/1992

3a. Date of Last Report
07/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

30

4. FEI Number
59-3181187

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

**GAYLORD, FRAN T
804 N BAY ST
STE 2
EUSTIS FL 32726**

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE

NAME **KAUFMAN, JOHN**
STREET ADDRESS **37729 GRAND ISLAND RD**
CITY-STATE-ZIP **GRAND ISLAND FL**

TITLE **D** ☐ DELETE

NAME **JOHNSON, LEE**
STREET ADDRESS **27644 LISA DR**
CITY-STATE-ZIP **TAVARES FL**

TITLE **ST** ☐ DELETE

NAME **SHIPES, DOROTHY**
STREET ADDRESS **43809 SUNSET DR PAISELY, FL**
CITY-STATE-ZIP **LAKE JEM FL**

TITLE **D** ☐ DELETE

NAME **PRINGLE, JOHN**
STREET ADDRESS **26600 ACE AVE**
CITY-STATE-ZIP **LEESBURG FL**

TITLE **D** ☒ DELETE

NAME **SMOAK, CLAUDE**
STREET ADDRESS **P O BOX 676 NA**
CITY-STATE-ZIP **MINNEOLA FL**

TITLE **D** ☐ DELETE

NAME **STOKES, BERYL JR.**
STREET ADDRESS **609 E MAIN ST**
CITY-STATE-ZIP **LEESBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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: *Dorothy C. Shipes* Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy C. Shipes

4- 24-96 AC-352 735-1729

Date

Daytime Phone #

CR2E037 (12/95)