

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90116 011 \*\*\*\*61.25

DOCUMENT # N92000000483

1. Entity Name

PROBATIONER'S EDUCATIONAL GROWTH ADVISORY COUNCIL, INC.



Apr 06, 2005 8:00 am

Secretary of State

04-06-2005 90116 011 \*\*\*\*61.25

Principal Place of Business

7817 CONGRESS STREET  
NEW PORT RICHEY FL 34653  
US

Mailing Address

7817 CONGRESS STREET  
NEW PORT RICHEY FL 34653  
US

2. Principal Place of Business

5562 Bowline Bend

Suite, Apt. #, etc.

3. Mailing Address

5562 Bowline Bend

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34652

Country

US

City & State

New Port Richey, FL

Zip

34652

Country

US

4. FEI Number

59-3192064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLASS, BRENDA J  
7817 CONGRESS STREET  
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5562 Bowline Bend

City

New Port Richey

FL

Zip Code

34652

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brenda J. Glass, Executive Director

NOTE: Registered Agent signature required when reinstating.

DATE

3-31-05

FILE NOW: FEE IS \$61.25  
Due By May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TEPPER, JUDGE L	
STREET ADDRESS	38053 LIVE OAK AVE RM 106C	
CITY-ST-ZIP	DADE CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REYES, ADEY	
STREET ADDRESS	8620 GALEN WILSON BLVD	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JENKINS-BROWN, SALATHEIA	
STREET ADDRESS	26 E. UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	ED	<input type="checkbox"/> Delete
NAME	GLASS, BRENDA	
STREET ADDRESS	7817 CONGRESS STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JENKINS, DALE	
STREET ADDRESS	3209 VIRGINIA AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34981	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5562 Bowline Bend	
STREET ADDRESS	New Port Richey, FL	
CITY-ST-ZIP	34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brenda J. Glass

3-31-05

727-847-445