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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004957 (5)

1. Corporation Name

PARTNERS IN POVERTY ALLEVIATION, INC.



Principal Place of Business

6108 28TH STREET EAST
BRADENTON FL 34203

Mailing Address

POST OFFICE BOX 1945
SARASOTA FL 34230

3. Date Incorporated or Qualified
10/19/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 6108 28th St. E, Suite A

26 P.O. Box 20247

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A

27

City & State

City & State

23 Bradenton, FL 34203-0247

28 Bradenton, FL 34203-0247

Zip

Country

Zip

Country

24 34203-0147

25

29 34203-0247

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMORY, WILLIAM C
6108 28TH STREET EAST
BRADENTON FL 34203

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.

William C. Amory

SIGNATURE

Signature, typed or printed name of registered agent and title (required)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/96

12. OFFICERS AND DIRECTORS

TITLE (D) Chief Executive Officer ☐ DELETE
NAME Cion de Jesus Amory
STREET ADDRESS 2421 8th St/P.O. Box 1945
CITY-ST-ZIP Sarasota, FL 34230-1945

TITLE (D) Board Member, Secretary ☐ DELETE
NAME Nita Cortes
STREET ADDRESS 7303 7th Ave. NW
CITY-ST-ZIP Bradenton, FL 34209

TITLE (D) Barrie Lyden, PRO ☐ DELETE
NAME Board Member
STREET ADDRESS 8331 Garden Circle
CITY-ST-ZIP Sarasota, FL

TITLE (D) Board Member, Treasurer ☐ DELETE
NAME Harry Suggs
STREET ADDRESS 2421 8th St/P.O. 19
CITY-ST-ZIP Sarasota, FL 34237

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (T) William C. Amory ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6108 28th Street, East, Suite A
1.4 CITY-ST-ZIP Bradenton, FL 34203

2.1 TITLE (T) Dr. Noel C. de Jesus ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS P.O. Box 1945
2.4 CITY-ST-ZIP Sarasota, FL 34230-1945

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 300001740903
4.3 STREET ADDRESS -03/13/96--01024--030
4.4 CITY-ST-ZIP ***\$1.25

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 29, 1996 941-727-9796

Date

Daytime Phone #

CR2E037 (12/95)