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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003482 (4)**

1. Corporation Name

PARTNERS FOR LIVING INC.

Principal Place of Business

**6479 HEATHER LANE
PINELLAS PARK FL 33781**

Mailing Address

**6479 HEATHER LANE
PINELLAS PARK FL 33781**

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

59-3389729

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HOLMES, BERNARD
6479 HEATHER LANE
PINELLAS PARK FL 33781**

10. Name and Address of New Registered Agent

81 Name

NA

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 Bernard Holmes

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, LINDA A	
STREET ADDRESS	1900 FOLLOW THRU ROAD	
CITY - ST - ZIP	ST. PETERSBURG FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLMES, BERNARD	
STREET ADDRESS	6479 HEATHER LANE	
CITY - ST - ZIP	PINELLAS PARK FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERSON, TONY	
STREET ADDRESS	3201 2ND STREET N.	
CITY - ST - ZIP	ST. PETERSBURG FL 33704	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONROE, CEREATHER	
STREET ADDRESS	4000 BARRACUDA DRIVE S.	
CITY - ST - ZIP	ST. PETERSBURG FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOLTERO, MIGDALIA	
STREET ADDRESS	28707 THOMASVILLE PLA	
CITY - ST - ZIP	WESLEY CHAPEL FL	

TITLE	D President	<input type="checkbox"/> DELETE
NAME	Holmes, Kathleen G	
STREET ADDRESS	6479 Heather Ln.	
CITY - ST - ZIP	Pinellas Park, FL 33781	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Susan Daurie	
1.3 STREET ADDRESS	4201 W. Watrous Ave.	
1.4 CITY - ST - ZIP	Tampa, FL 33629	

2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard Kravako	
2.3 STREET ADDRESS	1554 Adams Cir. S	
2.4 CITY - ST - ZIP	Largo, FL 33771	

3.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Krone Weidler	
3.3 STREET ADDRESS	4201 W. Watrous Ave.	
3.4 CITY - ST - ZIP	Tampa, FL 33629	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Holmes, Kathleen	
6.3 STREET ADDRESS	6479 Heather Ln.	
6.4 CITY - ST - ZIP	Pinellas Park FL 33781	

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.

SIGNATURE: Kathleen G. Holmes **REQUIRED** Kathleen G. Holmes **4/17/98** **613-545-**

CR2E037 (10/97)