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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003482

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

59-3389729

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

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

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 S ☒ DELETE
NAME DAURIE, SUSAN
STREET ADDRESS 4201 W. WATROUS AVE.
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ DELETE
NAME HOLMES, BERNARD
STREET ADDRESS 6479 HEATHER LAN
CITY-ST-ZIP PINELLAS PARK FL

TITLE VP ☒ DELETE
NAME KRAVAKO, RICHARD
STREET ADDRESS 1554 ADAMS CIR. S
CITY-ST-ZIP LARGO FL 33771

TITLE D ☒ DELETE
NAME MONROE, CEREATHER
STREET ADDRESS 4000 BARRACUDA DRIVE S.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE
NAME SOLTERO, MIGDALIA
STREET ADDRESS 28707 THOMASVILLE PLA
CITY-ST-ZIP WESLEY CHAPEL FL

TITLE D ☐ DELETE
NAME HOLMES, KATHLEEN
STREET ADDRESS 6479 HEATHER LANE
CITY-ST-ZIP PINELLAS PARK FL 33781

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VP**
2.3 STREET ADDRESS **Bernard Holmes**
2.4 CITY-ST-ZIP **6479 Heather Ln**
Pinellas Park

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: **Katherine Harris** **SIGNATURE REQUIRED**

4/10/99

727-545-3309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (4/1/98)