

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 16 1998 8:00am
Secretary of State

DOCUMENT # N96000005647 (0)

1. Corporation Name

PARTNERS IN SELF-SUFFICIENCY OF LEE COUNTY, FLORIDA, INC.



Principal Place of Business

Mailing Address

3326 MARTIN LUTHER KING, JR. BLVD
FT MYERS FL 33916

3326 MARTIN LUTHER KING, JR. BLVD
FT MYERS FL 33916

3. Date Incorporated or Qualified

11/04/1996

4. FEI Number

65-0713476

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILLMYER, BARRY R
2135 COTTAGE ST
FT MYERS FL 33901

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SHERA, RICHARD
STREET ADDRESS 16520 S TAMiami TRAIL
CITY-ST-ZIP FT MYERS FL

1.1 TITLE D
1.2 NAME ELIZABETH DA FROTH
1.3 STREET ADDRESS 7204 SWAN LAKE DR
1.4 CITY-ST-ZIP FORT MYERS FL 33919

TITLE V
NAME TORGERSO, MARTHA
STREET ADDRESS 2120 MAIN STREET
CITY-ST-ZIP FT MYERS FL

2.1 TITLE D
2.2 NAME JONATHAN JOSEPH
2.3 STREET ADDRESS P.O. BOX 70
2.4 CITY-ST-ZIP LEHIGH ACRES, FL 33970 "N/A"

TITLE ST
NAME MERCADO, ROGER
STREET ADDRESS 5800 GOLDEN GATE PARKWAY
CITY-ST-ZIP NAPLES FL

3.1 TITLE D
3.2 NAME Amy Adams, South Seas Resort
3.3 STREET ADDRESS 12500 UNIVERSITY DR, # 360
3.4 CITY-ST-ZIP FT MYERS, FL 33907

TITLE D
NAME HAER, RICHARD P
STREET ADDRESS 2911 DEL PRADO BOULEVARD
CITY-ST-ZIP CAPE CORAL FL

4.1 TITLE D
4.2 NAME CELIA HILL
4.3 STREET ADDRESS LEE COUNTY EXTENSION SERVICE
4.4 CITY-ST-ZIP 3406 PALM BEACH BLVD
FORT MYERS, FL 33916

TITLE D
NAME KNIGHT, SYBIL
STREET ADDRESS 6327 DEMERY CIRCLE SE
CITY-ST-ZIP FT MYERS FL

5.1 TITLE D
5.2 NAME HARRY G. ADAMS
5.3 STREET ADDRESS 3326 DR. MILK TRAIL
5.4 CITY-ST-ZIP FORT MYERS, FL 33916

TITLE D
NAME HAER, RICHARD
STREET ADDRESS 2911 DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL FL 33904

6.1 TITLE
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.

SIGNATURE: Harry G. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/98 941-337-4411 x212

Date

Daytime Phone #

CR2E037 (5/98)