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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000003007 (8)

1. Corporation Name

PARTNERS FOR PRODUCTIVE COMMUNITY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 90125
GAINESVILLE FL 32607

P.O. BOX 90125
GAINESVILLE FL 32607

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

3. Date Incorporated or Qualified

05/20/1997

4. FEI Number

59-3458124

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

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

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 ☐ DELETE

NAME
PD LINTON, INEZ
STREET ADDRESS
1322 SW 61ST TERRACE
CITY-ST-ZIP
GAINESVILLE FL 32607

TITLE ☒ DELETE

NAME
TD CLARK, CHAUNCEY
STREET ADDRESS
1320 SW 61ST TERRACE
CITY-ST-ZIP
GAINESVILLE FL 32607

TITLE ☒ DELETE

NAME
SD MILLER, JOYCE
STREET ADDRESS
5800 SW 20TH AVE H-1
CITY-ST-ZIP
GAINESVILLE FL 32607

TITLE ☒ DELETE

NAME
VD McDONALD, JEANNIE B
STREET ADDRESS
6817 NW 79TH AVE.
CITY-ST-ZIP
GAINESVILLE FL 32653

TITLE ☒ DELETE

NAME
D WELLS, DENNIS L PARLIAM
STREET ADDRESS
918 SW 60TH TERRACE
CITY-ST-ZIP
GAINESVILLE FL 32607

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

SAME

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

MC DONALD, JEANNIE B
6817 NW 79TH AVE S. DIRECTOR

GAINESVILLE FL 32653

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

~~SUCCESSOR~~ DIRECTOR
C. GLORIA A. HARRIS

1731 SW 67 TERR
GAINESVILLE FL 32607

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

CHANCELLOR CLARK
1320 SW 61ST TERR

GAINESVILLE FL 32607

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DENNIS K SMITH DIRECTOR
4189 SW CR 232

Beil, FL 32619

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-98

Date

352-332-9923

Daytime Phone # 0011102

CR2E037 (10/97)