

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90067 028 ****61.25

DOCUMENT # N97000003007

1. Corporation Name

PARTNERS FOR PRODUCTIVE COMMUNITY, INC.

Principal Place of Business

P.O. BOX 90125
GAINESVILLE FL 32607

Mailing Address

P.O. BOX 90125
GAINESVILLE FL 32607



2. Principal Place of Business

21 **PARTNERS P PROD COMM**

Suite, Apt. #, etc.

22 **P.O. BOX 90125**

City & State

23 **GAINESVILLE FLA**

Zip

24 **32607**

Country

25 **FLORIDA**

2a. Mailing Address

26 **PARTNERS**

Suite, Apt. #, etc.

27 **P.O. BOX 90125**

City & State

28 **GAINESVILLE**

Zip

29 **32607**

Country

30 **FLORIDA**

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

9. Name and Address of Current Registered Agent

BATES, C V
5 SW 2ND PLACE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **SAME**

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 MCDONALD, J**
STREET ADDRESS **6817 NW 79TH AVE**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE ☒ DELETE

NAME **D ADAMS, C G**
STREET ADDRESS **1731 SW 67 TERR**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☒ DELETE

NAME **D CLARK, C**
STREET ADDRESS **1320 SW 61 TERR**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ DELETE

NAME **D SMITH, D K**
STREET ADDRESS **4189 SW CR 232**
CITY-ST-ZIP **BELL FL 32619**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

MP DAVIS, TRACY
1110 SW 61ST
GAINESVILLE, FL 32607

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SEC. SCHNGIDER, SUSAN
GAINESVILLE FL 32607

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SAME

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SAME

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, with all other like empowered.

SIGNATURE:

Charles M. Clark

Date

5-6-99

Daytime Phone #

352-214-5933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

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