


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90017 004 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000002099</b>					
1. Corporation Name <b>PARTNERS IN POVERTY ALLEVIATION, INC.</b>					
Principal Place of Business <b>3080 N. WASHINGTON BLVD., SUITE 1S</b> <b>SARASOTA FL 34234</b>			Mailing Address <b>P.O. BOX 1575</b> <b>BRADENTON FL 34206</b>		
2. Principal Place of Business 21 <b>2720 University Pkwy</b> Suite, Apt. #, etc. 22 <b>Sarasota, Florida</b> City & State 23 <b>34243</b> <b>Sarasota</b> Zip Country 24 <b>34243</b> 25 <b>Sarasota</b>		2a. Mailing Address 26 <b>P.O. Box 14008</b> Suite, Apt. #, etc. 27 <b>Sarasota, FL</b> City & State 28 <b>34278</b> <b>Sarasota</b> Zip Country 29 <b>34278</b> 30 <b>Sarasota</b>		3. Date Incorporated or Qualified <b>04/13/1998</b> 4. FEI Number <b>65-0613991</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>AMORY, CION DE JESUS</b> <b>204 THIRD STREET, WEST 34205</b> <b>BRADENTON FL 34205</b>			10. Name and Address of New Registered Agent 81 Name <b>DE JESUS, Cion</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2720 University Pkwy</b> <b>Sarasota, FL 34243</b> 83 City <b>Sarasota</b> <b>FL</b> 85 Zip Code <b>34243</b>		
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 <u>Cion de Jesus</u> DATE <u>5/30/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>Director/CEO</b> <input type="checkbox"/> DELETE NAME <b>C. Cion de Jesus</b> STREET ADDRESS <b>2720 University Parkway</b> CITY-ST-ZIP <b>Sarasota, FL 34243</b>			1.1 TITLE <b>PRO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>NAGAR C. DEVERO</b> 1.3 STREET ADDRESS <b>4345 Keaka DR.</b> 1.4 CITY-ST-ZIP <b>Honolulu, HI 96818</b>		
TITLE <b>Treasurer-Secretary</b> <input type="checkbox"/> DELETE NAME <b>LOUISE HARPER - 607 Harris St</b> STREET ADDRESS <b>Greenville NC 27834</b> CITY-ST-ZIP <b>Greenville NC 27834</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>Vice Treasurer</b> <input checked="" type="checkbox"/> DELETE NAME <b>LARRY BRADLEY</b> STREET ADDRESS <b>204-3 STREET, WEST</b> CITY-ST-ZIP <b>BRADENTON FL 34205</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: Cion de Jesus DATE 5/30/99 (941) 358-7472  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)