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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000003170

1. Corporation Name

TAKING PRIDE IN YOUR LIFE OF PALM BEACH COUNTY,
INC.

Principal Place of Business

1233 OLD DIXIE HWY. STE. 03
LAKE PARK FL 33403

Mailing Address

1233 OLD DIXIE HWY. STE. 03
LAKE PARK FL 33403



2. Principal Place of Business

21 940 PARK AVE

Suite, Apt. #, etc.

22 106

23 LAKE PARK FL

City & State

24 33403

Country

25 Palm Bch

2a. Mailing Address

26 940 PARK AVE

Suite, Apt. #, etc.

27 106

28 LAKE PARK FL

City & State

29 33403

Country

30 Palm Bch

3. Date Incorporated or Qualified

06/01/1998

4. FEI Number

65-0806431

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JONES, KASANDRA
1233 OLD DIXIE HWY. STE. 03
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name KASANDRA JONES
82 Street Address (P.O. Box Number is Not Acceptable)
940 PARK AVE
83 SUITE 106
84 City LAKE PARK FL 85 Zip Code 33403

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	DP	<input type="checkbox"/> DELETE
NAME	JONES, KASANDRA	
STREET ADDRESS	1233 OLD DIXIE HWY. STE. 03	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HAWKINS, GARY	
STREET ADDRESS	1233 OLD DIXIE HWY. STE. 03	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GILMORE, HAROLD DR.	
STREET ADDRESS	1233 OLD DIXIE HWY. STE. 03	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARY A JACKSON	
1.3 STREET ADDRESS	940 PARK AVE SUITE 106	
1.4 CITY-ST-ZIP	LAKE PARK FL 33403	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/99 546-886-1021

CR2E037 (1/98)