

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **739556** (9)
1. Corporation Name
PROGRESSIVE ACTION SOCIETY, INCORPORATED



Principal Place of Business: 835 SYCAMORE ST. P.O. BOX 1263 TITUSVILLE FL 32780
Mailing Address: 835 SYCAMORE ST. P.O. BOX 1263 TITUSVILLE FL 32781-263 US

3. Date Incorporated or Qualified: 07/05/1977
3a. Date of Last Report: 03/20/1995
4. FEI Number: 59-2885641
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent: WILLIAMS, HOSEA 1785 S. EDEN CIR. TITUSVILLE FL 32796
10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: _____ DATE: _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD NAME: MURRAY, RHOELL STREET ADDRESS: 907 DELEON AVE. CITY-ST-ZIP: TITUSVILLE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: TD 1.2 NAME: Herbert W. Cooley 1.3 STREET ADDRESS: 843 Hunter Park Place 1.4 CITY-ST-ZIP: Titusville, FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WILLAIMS, HOSEA STREET ADDRESS: 1785 S EDEN CIR CITY-ST-ZIP: TITUSVILLE FL	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: GARY, WILLIAM STREET ADDRESS: 3845 VALLEY LANE CITY-ST-ZIP: TITUSVILLE FL	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: SMITH, LEROY STREET ADDRESS: 814 SYCAMORE STREET CITY-ST-ZIP: TITUSVILLE FL	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: CADORE, ANTHONY STREET ADDRESS: 1670 CRAIG AVE. CITY-ST-ZIP: TITUSVILLE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: SD 5.2 NAME: ANTHONY E. CANNON 5.3 STREET ADDRESS: 4870 Cathedral Way 5.4 CITY-ST-ZIP: Titusville, FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: EDMONDS, BAKER STREET ADDRESS: 1719 COUNTRY CLUB DRIVE CITY-ST-ZIP: TITUSVILLE FL	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Leroy G. Smith* 4/18/96 (407) 267-3433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)