


SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 03 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
07/05/1977

4. FEI Number
59-2885641

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

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
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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

9. Name and Address of Current Registered Agent

**WILLIAMS, HOSEA
 1785 S. EDEN CIR.
 TITUSVILLE FL 32786**

10. Name and Address of New Registered Agent

81 Name **Leroy G. Smith**
 82 Street Address (P.O. Box Number is Not Acceptable)
814 SYCAMORE ST.
 83
 84 City **Titusville, FL** 85 Zip Code **32780**

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 *Leroy G. Smith* (NOTE: Registered Agent signature required when reinstating) DATE **8/20/98**

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HERBERT W COOLEY	
STREET ADDRESS	843 HUNTER PARK PLACE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, HOSEA	
STREET ADDRESS	1785 S EDEN CIR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARY, WILLIAM	
STREET ADDRESS	3845 VALLEY LANE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, LEROY	
STREET ADDRESS	814 SYCAMORE STREET	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANTHONY E. CANNON	
STREET ADDRESS	4870 CATHEDRAL WAY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EDMONDS, BAKER	
STREET ADDRESS	1710 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Herbert W. Cooley	
1.3 STREET ADDRESS	843 Hunter Park Place	
1.4 CITY-ST-ZIP	Titusville, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Williams, Hosea	
2.3 STREET ADDRESS	1785 S. Eden Circle	
2.4 CITY-ST-ZIP	Titusville, FL	
3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARY, William	
3.3 STREET ADDRESS	3845 Valley Lane	
3.4 CITY-ST-ZIP	Titusville, FL	
4.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Smith, Leroy	
4.3 STREET ADDRESS	814 Sycamore St.	
4.4 CITY-ST-ZIP	Titusville, FL	
5.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cannon, Anthony E.	
5.3 STREET ADDRESS	4870 Cathedral Way	
5.4 CITY-ST-ZIP	Titusville, FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Hines, John W.	
6.3 STREET ADDRESS	2940 Carver St.	
6.4 CITY-ST-ZIP	Mims, FL	

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: *John W. Hines* DATE: **8/28/98** DAYTIME PHONE #: **407-269-4207**

CR2E037 (5/98)