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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 739556

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/05/1977

4. FEI Number

59-2885641

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

SMITH, LEROY G
 814 SYCAMORE ST
 TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name

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

83

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

John W. Hines

2-2-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signatures required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD DELETE
 NAME HERBERT W COOLEY
 STREET ADDRESS 843 HUNTER PARK PLACE
 CITY-ST-ZIP TITUSVILLE FL

TITLE D DELETE
 NAME WILLIAMS, HOSEA
 STREET ADDRESS 1785 S EDEN CIR
 CITY-ST-ZIP TITUSVILLE FL

TITLE VD DELETE
 NAME GARY, WILLIAM
 STREET ADDRESS 3845 VALLEY LANE
 CITY-ST-ZIP TITUSVILLE FL

TITLE PD DELETE
 NAME SMITH, LEROY
 STREET ADDRESS 814 SYCAMORE STREET
 CITY-ST-ZIP TITUSVILLE FL

TITLE SD DELETE
 NAME ANTHONY E. CANNON
 STREET ADDRESS 4870 CETHEDRAL WAY
 CITY-ST-ZIP TITUSVILLE FL

TITLE D DELETE
 NAME HINES, JOHN W
 STREET ADDRESS 2940 CARVER ST
 CITY-ST-ZIP MIMS FL

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

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

Director
 William GARY HANE
 3845 Valley Lane
 Titusville, FL

VIC PRESIDENT
 John W. Hines
 2940 CARVER ST
 Mims FL 32754

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:

John W. Hines
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99

Date

Daytime Phone #

CR2E037 (11/98)