

FORM BUSINESS REPORT (UBR)

DOCUMENT # 739556

PROGRESSIVE ACTION SOCIETY, INCORPORATED

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90090 032 ****61.25

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 32781-1263 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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4. FEI Number 59-2885641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, LEROY G
814 SYCAMORE ST
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME TD HERBERT W COOLEY 843 HUNTER PARK PLACE TITUSVILLE FL	<input type="checkbox"/> Delete
TITLE NAME D WILLIAMS, HOSEA 1785 S EDEN CIR TITUSVILLE FL	<input type="checkbox"/> Delete
TITLE NAME D GARY, WILLIAM 3845 VALLEY LANE TITUSVILLE FL	<input type="checkbox"/> Delete
TITLE NAME PD SMITH, LEROY 814 SYCAMORE STREET TITUSVILLE FL	<input type="checkbox"/> Delete
TITLE NAME SD ANTHONY E. CANNON 4870 CETHEDRAL WAY TITUSVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME VP HINES, JOHN W 2940 CARVER ST MIMS FL 32754	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME SECRETARY WILLIAM GARY 3845 VALLEY LANE TITUSVILLE, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME DIRECTOR CLIFFORD LEFT 1725 COUNTRY LANE TITUSVILLE, FL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEROY G. SMITH 03/13/00 (321) 267-3433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)