


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 739556
 1. Entity Name
 PROGRESSIVE ACTION SOCIETY, INCORPORATED



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

DO NOT WRITE IN THIS SPACE



07112006 No Chg-NP CR2E037 (4/06)

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
 BROWN, BARBARA
 5543 OAK HOLLOW DR
 TITUSVILLE, FL 32780

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON-YOUNG, CHERYL 1905 FAIRLANE DRIVE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLAIMS, HOSEA 1785 S EDEN CIR TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, GLORIA 6690 HUNDRED ACRE DRIVE COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, LEROY 814 SYCAMORE STREET TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LETT, CLIFFORD 1725 COUNTRY LANE TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, BARBARA 5543 OAK HOLLOW DR TITUSVILLE, FL 32780

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 07/18/06-80008-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* *Leroy G. Smith* 07/11/06 321-267-3433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #