


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90001 010 ****70.00

DOCUMENT # 732128 1. Entity Name PROGRESSIVE OFFICERS CLUB, INC.					
Principal Place of Business 14690 NW 27TH AVENUE MIAMI, FL 33168			Mailing Address P O BOX 680398 MIAMI, FL 33168		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 58-0010384	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEATHERSPOON, HENRY 2100 NW 80 ST MIAMI, FL 33147				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOEL-PRATT, DELMA K 234 NE 199 LANE NMB, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBEERS VYVYAN 1206 NW 107 ST MIAMI FL 33167	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIXON, JAMES 1380 NE 135 STREET NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRISON SONNIE 40 NW 196 ST MIAMI FL 33169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP COWART, MICHAEL 17244 NW 74 AVENUE MIAMI LAKES, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP OSBOURNE JERLYN 11310 BOOKER T WASH. BLVD MIAMI FL 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D3V FORD, SHERYL 1041 NORTHWEST 198 STREET MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1 SULEMAN, DANLA 21 SOUTHWEST 63RD TERRACE PEMBROKE PINES, FL 33023	SPELLING Wrong <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1 SULEMAN DANLADY 1542 SW 87 AVE PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTRD WEATHERSPOON, HENRY 2100 N.W. 80TH ST. MIAMI, FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Henry Weatherspoon</i> DATE: <i>July 29</i> DAYTIME PHONE #: <i>305-6963602</i>					

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