


**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	
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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



07112006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2885641	Applied For <input type="checkbox"/> 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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IN THIS SPACE**

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

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
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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 WILLIAMS, 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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IN THIS SPACE**

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 #