2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 739556

Entity Name: PROGRESSIVE ACTION SOCIETY, INCORPORATED

Current Principal Place of Business:

835 SYCAMORE ST.
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

835 SYCAMORE ST.
P.O. BOX 1263
TITUSVILLE, FL 327811263 US

New Mailing Address:

FEI Number: 59-2885641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, BARBARA
5543 OAK HOLLOW DR
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LAWSON-YOUNG, CHERYL	
Address:	1905 FAIRLANE DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	WILLAIMS, HOSEA	
Address:	1785 S EDEN CIR	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	S	( ) Delete
Name:	JOHNSON, GLORIA	
Address:	6690 HUNDRED ACRE DRIVE	
City-St-Zip:	COCOA, FL 32927	
Title:	VP	( ) Delete
Name:	SMITH, LEROY	
Address:	814 SYCAMORE STREET	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	T	( ) Delete
Name:	LETT, CLIFFORD	
Address:	1725 COUNTRY LANE	
City-St-Zip:	TITUSUILLE, FL 32780	
Title:	P	( ) Delete
Name:	BROWN, BARBARA	
Address:	5543 OAK HOLLOW DR	
City-St-Zip:	TITUSVILLE, FL 32780	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD LETT T 04/28/2009

Electronic Signature of Signing Officer or Director — Date