

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90198 046 \*\*\*\*61.25

**DOCUMENT # N00000007270**

1. Entity Name

**PROGRESSIVE C. LEARNING CENTER, INC.**



Principal Place of Business

3600 S. STATE ROAD 7 # 257  
MIRAMAR FL 33023

Mailing Address

P O BOX 3906  
HOLLYWOOD FL 33083

2. Principal Place of Business

*ROSALIE JENKINS*

3. Mailing Address

*P.O. Box 3906*

Suite, Apt. #, etc.

*5347 S.W. 25th ST.*

Suite, Apt. #, etc.

*HOLLYWOOD, FL.*

City & State

*HOLLYWOOD, FL.*

City & State

*HOLLYWOOD, FL.*

Zip

*33023*

Country

*BROWARD*

Zip

*33083*

Country

*BROWARD*

6. Name and Address of Current Registered Agent

JENKINS, ROSALIE  
3600 S. STATE ROAD & (441) SU 257  
SUITE 257  
MIRAMAR FL 33023

*N/A*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

4. FEI Number **65-1047532**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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

*Rosalie Jenkins*

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

(NOTE: Registered Agent signature required when reinstating)

*1-24-03*

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete  
NAME **STRACHAN, LINDA**  
STREET ADDRESS **5525 SW 41 ST.,**  
CITY-ST-ZIP **PEMBROKE FL 33023**

TITLE **D** ☐ Delete  
NAME **TAYLOR, GALE**  
STREET ADDRESS **101 SW 29 AVE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **T** ☐ Delete  
NAME **BELL, LAVAEDA**  
STREET ADDRESS **7481 NW 33 ST.**  
CITY-ST-ZIP **DAVIE FL**

TITLE **D** ☐ Delete  
NAME **JENKINS, ROSALIE**  
STREET ADDRESS **5347 S.W. 25TH ST.**  
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **VP** ☒ Delete  
NAME **JACKSON, LOIS**  
STREET ADDRESS **141 NW 6TH AVE**  
CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **JOYCE DARDEN ARNETTE/LMHC** ☐ Change ☒ Addition  
NAME **P.O. Box 212204**  
STREET ADDRESS **ROYAL PALM FL 33421**  
CITY-ST-ZIP

TITLE **ERICA Thompson** ☐ Change ☒ Addition  
NAME **2005 BAHAMA DR.**  
STREET ADDRESS **MIRAMAR, FL 33023**  
CITY-ST-ZIP

TITLE **WANDA DARDEN** ☐ Change ☒ Addition  
NAME **5765 N.W. 58 AVE APT H-110**  
STREET ADDRESS **TAMARAC, FL 33319**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Rosalie Jenkins* **REQUIRED**

*1-28-03 954)893-9351*

CR2E037 (10/02)