

Amended

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

FILED

03 DEC -1 AM 8:35

DOCUMENT # N0000007270

1. Entity Name
PROGRESSIVE C. LEARNING CENTER, INC.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900025232249

12/04/03--01027--026 **61.25



CHECK HERE IF MAKING CHANGES

Principal Place of Business
3800 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

Suite, Apt. #, etc.
5347 S.W. 25th ST.

Suite, Apt. #, etc.
P.O. Box 3906

City & State
Hollywood, FL.

Zip
33023

Country
BROWARD

City & State
Hollywood, FL.

Zip
33083

Country
BROWARD

4. FEI Number *65-1047532*

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, ROSALIE
3800 S. STATE ROAD & (441) SU 257
SUITE 257
MIRAMAR FL 33023

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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*

DATE *1-24-03*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME JOYCE DARDEN ARNETTE, LMHC Change Addition
STREET ADDRESS P.O. Box 212204
CITY-ST-ZIP ROYAL PALM FL 33421 DELETE

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

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

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

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

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

TITLE
NAME ARIENE JOHNSON Change Addition
STREET ADDRESS 4811 S.W. 18 STREET
CITY-ST-ZIP HOLLYWOOD, FL 33023 *OFFICER*

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

TITLE
NAME ROBBIE JOHNSON Change Addition
STREET ADDRESS 4811 S.W. 18 STREET
CITY-ST-ZIP HOLLYWOOD, FL 33023 *OFFICER*

TITLE
NAME TANDY CARAWAY Delete
STREET ADDRESS 11030 S.W. 156 ST
CITY-ST-ZIP MIAMI, FL 33157 *VP Addition*

TITLE
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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *1-25-03* DAYTIME PHONE # *954-893-9351*

Rosalie Jenkins

11-25-03

CR2E037 (10/02)