

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90022 011 ****61.25

DOCUMENT # N02000001117

1. Entity Name
**PROGRESSIVE EARLY CHILDHOOD DEVELOPMENT
CENTER, INC.**



Principal Place of Business
**149 MANLEY RD.
WAUCHULA, FL 33873**

Mailing Address
**P O BOX 913
WAUCHULA, FL 33873**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0912839

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

**WHITERS, JR, LUTHER C
681 CHAMBERLAIN BLVD
WAUCHULA, FL 33873**

Name **Lillie Murphy**

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

8055 N. Turbot Rd

Avon Park

FL 33825

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 **Lillie Murphy**

(NOTE: Registered Agent signature required when reinstating)

1/24/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	T POWELL, ARTHUR JR 6820 N THATCHER AVE TAMPA, FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURPHY, LILLIE 2055 N. TURBOT RD. AVON PARK, FL 33825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITERS JR, LUTHER C 681 CHAMBERLAIN BLVD. WAUCHULA, FL 33873 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDONALD, ANNIE 303 EASON DR WAUCHULA, FL 33873 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERGUSON, EVELYN 4265 JEFFERSON ST. ONA, FL 33865 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lillie A. Harden 128 8th Street West 201to Springs, FL 33840 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Shellie A. Harden 128 8th Street West 201to Springs, FL 33840 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Donald Nicholson 2409 Laredo Road Avon Park, Florida 33825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Lillie Murphy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08 **863-453-2718**
Date Daytime Phone #