

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006741

FILED
Jul 25, 2004
Secretary of State

Entity Name: PROGRESSIVE VISION COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

740 NW 58TH STREET
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

740 NW 58TH STREET
MIAMI, FL 33127

New Mailing Address:

FEI Number: 16-1689063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, GASTON
740 NW 58TH STREET
MIAMI, FL 33127

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: SMITH, GASTON
Address: 740 NW 58TH STREET
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: MITCHELL, CHARLES K
Address: 740 NW 58TH STREET
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: WRIGHT, SONNY
Address: 740 NW 58TH STREET
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: SULLIVAN, JANE
Address: 740 NW 58TH STREET
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: CLEMONS, HARVEY JR
Address: 740 NW 58TH STREET
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: WILLIS, JOAQUIN PHD
Address: 740 NW 58TH STREET
City-St-Zip: MIAMI, FL 33127

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 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 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: GASTON SMITH

D P

07/25/2004

Electronic Signature of Signing Officer or Director

Date