

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90037 049 ****61.25

DOCUMENT # N04000004920 1. Entity Name PROGRESSIVE EDUCATION FOUNDATION, INC.					
Principal Place of Business 11307 OLD HARBOR RD NORTH PALM BEACH, FL 33408				Mailing Address 11307 OLD HARBOR RD NORTH PALM BEACH, FL 33408	
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		
4. FEI Number 30-0259919				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEW, ROBERT C 11307 OLD HARBOR RD NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEW, ROBERT C		NAME		
STREET ADDRESS	11307 OLD HARBOR RD		STREET ADDRESS		
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEW, MARY I		NAME		
STREET ADDRESS	11307 OLD HARBOR RD		STREET ADDRESS		
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLTERS, KATE PEW		NAME		
STREET ADDRESS	2260 CASCADE SPRINGS DR SE		STREET ADDRESS		
CITY - ST - ZIP	GRAND RAPIDS, MI 49546		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEW, JOHN E		NAME		
STREET ADDRESS	11127 OLD HARBOUR RD		STREET ADDRESS		
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEW, ROBERT C III		NAME	P.O. BOX 219	
STREET ADDRESS	18 HILLTOP RD		STREET ADDRESS	WOODY CREEK, CO 81656	
CITY - ST - ZIP	ASHEVILLE, NC 28803		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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:			1/22/2008		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		