

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000005774

1. Entity Name
**PROGRESSIVE RURAL AFRICA DEVELOPMENT
INTERNATIONAL, INC.**



Principal Place of Business
**530 SW 11TH DRIVE
DEERFIELD BEACH, FL 33441**

Mailing Address
**530 SW 11TH DRIVE
DEERFIELD BEACH, FL 33441**



07012006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2464183

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOKU, CLEMENCE K
530 SW 11TH DRIVE
DEERFIELD BEACH, FL 33441**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COCKE, WILLIAM
STREET ADDRESS	5 NATIONAL HALE
CITY- ST- ZIP	NEWARK, NJ 19711
TITLE	D
NAME	MAWUDZRO, THOMAS
STREET ADDRESS	11241 NW 41ST STREET
CITY- ST- ZIP	CORAL SPRINGS, FL 33184
TITLE	D
NAME	DOKU, CLEMENCE
STREET ADDRESS	530 SW 11TH DRIVE
CITY- ST- ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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07/06/06-80004-007 70.00

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IN THIS SPACE**

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: W. COCKE **- PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/06
Date

954-428-1250
Daytime Phone #