

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001363

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** PROGRESSIVE CORRECTIONAL OFFICERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5524 NW 7TH AVE.  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 824404  
PEMBROKE PINES, FL 33082

**New Mailing Address:**

**FEI Number:** 52-2453447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MELTON, A.J.  
5524 NW 7TH AVE.  
MIAMI, FL 33127 US

**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: DP ( ) Delete  
Name: MELTON, A.J.  
Address: 5524 NW 7TH AVE.  
City-St-Zip: MIAMI, FL 33127

Title: DVP ( ) Delete  
Name: OKERA, RUBEN  
Address: 5524 NW 7TH AVE.  
City-St-Zip: MIAMI, FL 33127

Title: DV ( ) Delete  
Name: HANDFIELD, CORNELIUS  
Address: 5524 NW 7TH AVE.  
City-St-Zip: MIAMI, FL 33127

Title: DT ( ) Delete  
Name: ADAMS, GUSSIE  
Address: 5524 NW 7TH AVE.  
City-St-Zip: MIAMI, FL 33127

Title: DS ( ) Delete  
Name: HOLMES, JOYCE  
Address: 5524 NW 7TH AVE.  
City-St-Zip: MIAMI, FL 33127

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: DSA ( ) Change (X) Addition  
Name: JOHNSON, ERIC  
Address: 5524 NW 7TH AVE  
City-St-Zip: MIAMI, FL 33127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALWYN J. MELTON

DP

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date