2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N13386

Entity Name: PROGRESS VILLAGE FOUNDATION, INC.

Current Principal Place of Business:

7933 FLOWER AVENUE
TAMPA, FL 336194142 US

New Principal Place of Business:

Current Mailing Address:

8306 FIR DRIVE
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 59-2807536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWERS, LOIS C.S.
8306 FIR DR
TAMPA, FL 33619 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:	VP	( ) Delete
Name:	SHEDRICK, ALBERTA	
Address:	4910 84TH STREET	
City-St-Zip:	TAMPA, FL	
Title:	D	( ) Delete
Name:	BOWERS, WALLACE	
Address:	8306 FIR DR.	
City-St-Zip:	TAMPA, FL	
Title:	P	( ) Delete
Name:	BOWERS, LOIS	
Address:	8306 FIR DR.	
City-St-Zip:	TAMPA, FL	
Title:	FS	( ) Delete
Name:	KEMP, BERTHA	
Address:	8005 ASH AVENUE	
City-St-Zip:	TAMPA, FL 33619	
Title:	TD	( ) Delete
Name:	WEBB, BEVERLY	
Address:	8104 FIR DR.	
City-St-Zip:	TAMPA, FL	
Title:	D	( ) Delete
Name:	ALLEN, MARY	
Address:	8327 ALLAMANDA AVE.	
City-St-Zip:	TAMPA, FL	

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 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: WALLACE BOWERS D 02/17/2009

Electronic Signature of Signing Officer or Director — Date