

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000002086					
1. Entity Name THE PROGRESSIVE 12 CLUB OF GREATER JACKSON COUNTY, INC.					
Principal Place of Business 4231 OLD COTTONDALE RD. MARIANNA, FL 32448			Mailing Address 2846 DAVEY ST MARIANNA, FL 32448 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3461941	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPEIGHTS, TOMMY 4222 SOUTH STREET MARIANNA, FL 32446			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, applicable</small>				DATE <u>2/20/2008</u> <small>(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 NAME STREET ADDRESS CITY-ST-ZIP	P MYRICK, SHEPHERD 4759 MEADOWVIEW RD MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 0000000234248 02/28/08-80050-005 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPEIGHTS, TOMMY 4222 SOUTH STREET MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM BATSON, ELTON L 3360 PLANTATION CIR. MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TENSLEY, LESLEY 4144 NORTH ST MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROALHAC, DONNIE 2846 DAVEY ST MARIANNA, FL 32448		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>2/20/08</u> <small>Daytime Phone #</small>	