## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002086

FILED Feb 23, 2009 Secretary of State

Entity Name: THE PROGRESSIVE 12 CLUB OF GREATER JACKSON COUNTY, INC.

	Current Principal Place of Business:			New Principal Place of Business:	
	COTTONDALE A, FL 32448	ERD.			
Current Mailing Address:			New Mailing Address:		
2846 DAVE MARIANN	EY ST A, FL 32448	US			
FEI Number:	59-3461941	FEI Number Applied For ( ) FEI	Number Not Applic	cable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and A	Address of New Registered Agent:	
MARIANN	ÍH STREET A, FL 32446	US			
	named entity s of Florida.	ubmits this statement for the purpos	se of changing its	s registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	c Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MYRICK, SHEP 4759 MEADOW MARIANNA, FL	VIEW RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP () SPEIGHTS, TON 4222 SOUTH ST MARIANNA, FL	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SPEIGHTS, TON 4222 SOUTH ST MARIANNA, FL	MMY REET 32446 Delete N L ON CIR	Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	SPEIGHTS, TOM 4222 SOUTH ST MARIANNA, FL  BM () BATSON, ELTO 3360 PLANTATI MARIANNA, FL	MMY REET 32446  Delete N L ON CIR 32446  Delete EEY	Title: Name: Address: City-St-Zip: Title: Name: Address:		

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: SHEPERD MYRICK P 02/23/2009