

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005408

FILED
Apr 23, 2009
Secretary of State

Entity Name: COUNCIL FOR PROGRESS FOUNDATION, INC.

Current Principal Place of Business:

2061 CAPE HEATHER CIRCLE
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

PO BOX 101665
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 65-0759439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZURKIEWICZ, JOE M JR
2061 CAPE HEATHER CIRCLE
CAPE CORAL, FL 33991 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: PD () Delete
Name: KIRKWOOD, WAYNE
Address: P O BOX 150206
City-St-Zip: CAPE CORAL, FL 33915 US

Title: VPD () Delete
Name: TASMAN, GARY
Address: 13131 UNIVERSITY DRIVE
City-St-Zip: FORT MYERS, FL 33912 US

Title: TD () Delete
Name: ARKIN, HAL
Address: 7800 UNIVERSITY POINT DRIVE, SUITE 100
City-St-Zip: FT MYERS, FL 33907 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARKIN, HAL
Address: 7910 SUMMERLIN DRIVE
City-St-Zip: FT MYERSFL, FL 33907 US

Title: VPD (X) Change () Addition
Name: KNIGHT, BOB
Address: 4524 SE 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: TD (X) Change () Addition
Name: KOENIG, BOB
Address: 13350 METRO PARKWAY, SUITE 304
City-St-Zip: FT MYERS, FL 33912 US

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: HAL ARKIN

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date