


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90089 024 ****70.00

DOCUMENT # N96000004543
1. Entity Name
PROGRESSIVE UNITED CHRISTIAN CENTER, INC.



Principal Place of Business Mailing Address
11228 SW WILLISTON ROAD 11228 SW WILLISTON ROAD
MICANOPY FL 32667 MICANOPY FL 32667



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Zip Country Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
STEWART, LIZZIE
11228 SW WILLISTON ROAD
MICANOPY FL 32667

4. FEI Number Applied For
59-3262116 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP WILEY, THAD JR 11228 SW WILLISTON ROAD MICANOPY FL 32667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT PETERSON, ANTHONY 11228 SW WILLISTON ROAD MICANOPY FL 32667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PFD STEWART, LIZZIE 11228 SW WILLISTON ROAD MICANOPY FL 32667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESD WASHINGTON, FRANK 11228 SW WILLISTON ROAD MICANOPY FL 32667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HERRING, CARRIE 11228 SW WILLISTON ROAD MICANOPY FL 32667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRING, ALAMARIE 11228 SW WILLISTON ROAD MICANOPY FL 32667 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVangelist - Asst. Pastor <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SAWRIE ALLEN 11228 SW WILLISTON ROAD MICANOPY, FL 32667-3181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JASPER ALLEN SR 11228 SW WILLISTON ROAD MICANOPY, FL 32667-3181
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lizzie Stewart*

11 12 2006 359-378-1317