

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90055 012 \*\*\*\*70.00



DOCUMENT # N96000004543	
1. Entity Name <b>PROGRESSIVE UNITED CHRISTIAN CENTER, INC.</b>	
Principal Place of Business 11228 SW WILLISTON ROAD MICANOPY FL 32667	Mailing Address 11228 SW WILLISTON ROAD MICANOPY FL 32667
2. Principal Place of Business - No P.O. Box # <i>11228 S.W. Williston Rd</i>	3. Mailing Address <i>11228 S.W. Williston Road</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E037 (10/06)

City & State <i>Micanopy, Florida</i>	City & State <i>Micanopy, Florida</i>	4. FEI Number 59-3262116	Applied For Not Applicable
Zip <i>32667-3181</i>	Country <i>ALACHUA Co.</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  STEWART, LIZZIE 11228 SW WILLISTON ROAD MICANOPY FL 32667		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CDF WILEY, THAD JR 11228 SW WILLISTON ROAD MICANOPY FL 32667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	CHAIRMAN OF FINANCE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Keith Smith</i> <i>11228 S.W. Williston Road</i> <i>Micanopy, FLA 32667-3181</i>
	CDT PETERSON, ANTHONY 11228 SW WILLISTON ROAD MICANOPY FL 32667 <input checked="" type="checkbox"/> Delete		TREASURER (committee) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Quincy Allen</i> <i>11228 S.W. Williston Road</i> <i>Micanopy, FLA 32667-3181</i>
	PFD STEWART, LIZZIE 11228 SW WILLISTON ROAD MICANOPY FL 32667 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ESD WASHINGTON, FRANK 11228 SW WILLISTON ROAD MICANOPY FL 32667 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DS HERRING, CARRIE 11228 SW WILLISTON ROAD MICANOPY FL 32667 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D HERRING, ALAMARIE 11228 SW WILLISTON ROAD MICANOPY FL 32667 <input type="checkbox"/> Delete		<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* *2/6/2007 352-378-1367*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #