2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Aug 20, 2004 8:00 am Secretary of State DOCUMENT # N97000000148 1. Entity Name 08-20-2004 90004 018 ****61.25 PROGRESSO RETAIL MERCHANTS ASSOCIATION, INC. Principal Place of Business Mailing Address 809 PROGRESSO DRIVE 909 NW 5TH AVENUE FT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (4/04) City & State City & State 4. FEI Number Applied For 65-0712127 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAULETTE TERRILL CURATOLA, TONY Street Address (P.O. Box Number is Not Acceptable) 825 NE 2ND AVENUE FORT LAUDERDALE FL 33304 909 NW 5TH AVE. <u>3</u>3316 LAUDERDALE, FL. 8. The above named entity submit s this statement for the purpose of ch inging its registe ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered SIGNATURE ed Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **D**elete TITLE TITLE ☐ Change LIZ JOHNSON CURATOLO, TONY NAME NAME 901 PROGESSIVE DRIVE 825 NE 2ND AVE STREET ADDRESS STREET ADDRESS FT.LAUDERDALE, FL.D 33041 CITY-ST-ZIP FT LAUDERDALE FL 33304 CITY-ST-ZIP VD TITLE Delete TITLE ☐ Change ☐ Addition JOHNSON, LIZ NAME NAME 901 PROGRESSO DRIVE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33041 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change Addition SHALLENBERGER, JEAN NAME NAME 812 N ANDREWS AVE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33304 CITY-ST-ZIP CITY-ST-ZIP TD ☐ Addition TITLE Delete ☐ Change TITLE TERRILL, PAULETTE NAME NAME 909 NW 5TH AVENUE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33311 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby dertify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 colporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if or on an attachment with an a

FILED

Daytime Phone #

Date