

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90011 049 ****61.25

DOCUMENT # N97000000148 1. Entity Name PROGRESSO RETAIL MERCHANTS ASSOCIATION, INC.																																																																																																															
Principal Place of Business 809 PROGRESSO DRIVE FT LAUDERDALE, FL 33304		Mailing Address 909 NW 5TH AVENUE FORT LAUDERDALE, FL 33311																																																																																																													
2. Principal Place of Business 909 N.W. 5th Ave Suite, Apt. #, etc.		3. Mailing Address 909 N.W. 5th Ave Suite, Apt. #, etc.																																																																																																													
City & State Fort Lauderdale, FL Zip 33311		City & State Fort Lauderdale, FL Zip 33311																																																																																																													
4. FEI Number 65-0712127		Applied For <input type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent TERRILL, PAULETTE 909 NW 5TH AVE FORT LAUDERDALE, FL 33314		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																													
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> 7/25/05 <small>DATE</small> </div> </div>																																																																																																															
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																													
Make check payable to Florida Department of State																																																																																																															
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 15%;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, LIZ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>901 PROGRESSIVE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33304</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, LIZ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>901 PROGRESSO DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT LAUDERDALE, FL 33041</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHALLENBERGER, JEAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>812 N ANDREWS AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33304</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TERRILL, PAULETTE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>909 NW 5TH AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33311</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Matt Sundry</td> <td style="width: 15%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>837 N. Andrews Ave</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Fort Lauderdale, FL 33311</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>				TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	JOHNSON, LIZ		STREET ADDRESS	901 PROGRESSIVE DR		CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		TITLE	VD	<input checked="" type="checkbox"/> Delete	NAME	JOHNSON, LIZ		STREET ADDRESS	901 PROGRESSO DRIVE		CITY-ST-ZIP	FT LAUDERDALE, FL 33041		TITLE	SD	<input type="checkbox"/> Delete	NAME	SHALLENBERGER, JEAN		STREET ADDRESS	812 N ANDREWS AVE		CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		TITLE	TD	<input type="checkbox"/> Delete	NAME	TERRILL, PAULETTE		STREET ADDRESS	909 NW 5TH AVENUE		CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	Matt Sundry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	837 N. Andrews Ave		STREET ADDRESS	Fort Lauderdale, FL 33311		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete																																																																																																													
NAME	JOHNSON, LIZ																																																																																																														
STREET ADDRESS	901 PROGRESSIVE DR																																																																																																														
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304																																																																																																														
TITLE	VD	<input checked="" type="checkbox"/> Delete																																																																																																													
NAME	JOHNSON, LIZ																																																																																																														
STREET ADDRESS	901 PROGRESSO DRIVE																																																																																																														
CITY-ST-ZIP	FT LAUDERDALE, FL 33041																																																																																																														
TITLE	SD	<input type="checkbox"/> Delete																																																																																																													
NAME	SHALLENBERGER, JEAN																																																																																																														
STREET ADDRESS	812 N ANDREWS AVE																																																																																																														
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304																																																																																																														
TITLE	TD	<input type="checkbox"/> Delete																																																																																																													
NAME	TERRILL, PAULETTE																																																																																																														
STREET ADDRESS	909 NW 5TH AVENUE																																																																																																														
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311																																																																																																														
TITLE		<input type="checkbox"/> Delete																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Delete																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE	Matt Sundry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																													
NAME	837 N. Andrews Ave																																																																																																														
STREET ADDRESS	Fort Lauderdale, FL 33311																																																																																																														
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
12. I hereby certify 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 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: 7/25/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																															

00000000



07152005 Chg-NP CR2E037 (10/03)