

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000148

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** PROGRESSO RETAIL MERCHANTS ASSOCIATION, INC.

**Current Principal Place of Business:**

909 NW 5TH AVE  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

909 NW 5TH AVE  
FORT LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number:** 65-0712127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TERRILL, PAULETTE  
909 NW 5TH AVE  
FORT LAUDERDALE, FL 33314 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: JUNDY, MATT  
Address: 837 N ANDREWS AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SD ( ) Delete  
Name: SHALLENBERGER, JEAN  
Address: 812 N ANDREWS AVE  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: TD ( ) Delete  
Name: TERRILL, PAULETTE  
Address: 909 NW 5TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PROSJE, JOHN W PRES.  
Address: 109 HENDRICKS ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PAULETTE TERRILL

TRES

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date