


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

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000000705					
1. Entity Name PROGRESSIVE NORTHWEST NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 1444 8TH STREET WEST PALM BEACH FL 33401			Mailing Address 1444 8TH STREET WEST PALM BEACH FL 33401		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSH, EDITH C 1444 8TH STREET WEST PALM BEACH FL 33401				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 _____ <small>Signature, typed or printed name of registered agent and file it applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUSH, EDITH C	NAME	U000000035037		
STREET ADDRESS	1444 8TH STREET	STREET ADDRESS	02/05/04-80104-008 150.00		
CITY-ST-ZIP	WEST PALM BEACH FL 33401	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAYTON, JOHN	NAME	U000000035037		
STREET ADDRESS	1015 ADAMS STREET	STREET ADDRESS	02/05/04-80104-009 8.75		
CITY-ST-ZIP	WEST PALM BEACH FL 33407	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEAL, LELIA	NAME			
STREET ADDRESS	1442 8TH STREET	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33401	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUMMINGS, IDA	NAME			
STREET ADDRESS	P.O. BOX 3721	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33402-3721	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOORE, ALICE E DR	NAME			
STREET ADDRESS	801 4TH STREET	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33401	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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)(f), 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: Edith C. Bush Edith C. Bush Jan. 23, 2004 561-833-7682