


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N98000003963 1. Entity Name GREATER PROGRESSIVE COMMUNITY DEVELOPMENT, INC. |  |
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|---|---|
| Principal Place of Business 159 CLARK ROAD JACKSONVILLE, FL 32218 | Mailing Address 159 CLARK ROAD JACKSONVILLE, FL 32218 |
|---|---|

DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

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|---|--|
| 4. FEI Number 59-3550224 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**LOVE, CAROLYN
159 CLARK ROAD
JACKSONVILLE, FL 32218**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LOVE, CAROLYN 159 CLARK ROAD JACKSONVILLE, FL 32218 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV LOVE, LEONARD 159 CLARK ROAD JACKSONVILLE, FL 32218 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MILLIGAN, VONNA 159 CLARK ROAD JACKSONVILLE, FL 32218 |
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01/23/07-80075-013 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE:  **CAROLYN B. LOVE** 1/16/07 (604) 765-5065

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