FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000071576 (0)

PROGRESSIVE COMMUNITY ALLIANCE, INC.

FILED May 09 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 531 CENTRAL AVENUE P.O. BOX 9154 SARASOTA FL 34278-9154 US US									
00		00				3. Date Incorporated or Qualified 09/26/1994		ate of Last 01/1996	Report
2. Principal Place of 21	Business	28. Mailing Address				4. FEI Number 65-0542247		h	Applied For Not Applicable
Surte, Apt #, etc.		Suite. Apt. #,	Suite. Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & State		City & State			·	Election Campaign Financing Trust Fund Contribution	<u> </u>		May Be
Zip 24	Country 25	Zip 29	30	ountry	,	8. This corporation has liability for Florida Statutes	r intangible		s. 199.032,
	Name and Address of Curren		1771			10. Name and Address of New R	egistered	Agent	
HOWARD.	CYNTHIA S			81	Name				
	STREET COURT EAST			82	Street Addr	ess (P.O. Box Number is Not Accepte	ible)		,,,,,,,,
I TRUCE VAO	1 (6 9 12 1 0			83					
ļ				84	City			95 7c	Code
				04	City		FL	. [85] Zip	Code
office or register agent. I am fam SIGNATURE Signatur	ed agent, or both, in the State jury with, and accept the Uniga it, tysied of printed name of the served agen	of Florida, Such chan ations of, Section 607. Int and title if applicable	ge was authoriz 0505, Florida SI (NOTE Registe	ed by atute: red Age	the corporati	coration submits this statement for the ion's board of directors. I hereby according to the statement of directors and the statement of the st	opt the app	WT.	s registered
12.	OFFICERS AND	D DIRECTORS DE	13			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO Change	
TITLE D	ES, CLINTON	AND DE	1	TITLE NAME				☐ Charige	LJ Addition
	10TH ST				ADORESS				
1	ASOTA FL		1	CITY-S	1				
TIFLE D		Dt		TITLE	<u> </u>			Change	Addition
NAME GRIM	ies, jetson		2.2	NAME					
	28TH STREET		2.3	STREET	ADDRESS				
h	ASOTA FL 34234			CITY-	ST-ZIP	**************************************			
TITLE D	ON FINANTID	↓ ☐ DE	I -	TITLE				☐ Change	Addition
)	CY, HUGH JR. : 18TH STREET			NAME	ADDOFOR				
	ASOTA FL 34234			STREET CITY-:	ADDRESS				
THE D		DE		TITLE	V1 & P1			Change	Addition
NAME BAT	TIE, HENRY		4.3	NAME					
	EDGEWATER DRIVE		4.3	STREET	ADDRESS				
CITY-ST-ZIP SAR	ASOTA FL 34234			CITY-S	T-ZIP				
TITLE D		[_] DE		TITLE		···· 		Change	Addition
1	ROSALIND		4	NAME					
l loss	18TH STREET				ADDRESS				
	ASOTA FL 34234			City-S	ST-ZIP			[] (b	
TILE D	A/ VANLLIE C	□ D(TITLE		•		Change	Addition
	W, WILLIE C 17TH STREET			NAME	4000000	•			
]	ASOTA FL 34234		1		ADDRESS				
CITY STEZIE SAH	10UIN FL 31231	····	6.4	CITY-S	iT - ZIP				

14. I do hereby certily 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.