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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400071576 (0)

PROG	ressive community all	IANCE, INC			UL <b>(240)</b> (1 <b>00</b> ) <b>(</b> 100) (100)
Principal Pla	ce of Business	Mailing Address			
531 CENTRAL AVENUE P.O. BOX 9154 SARASOTA FL 34278-9154 US  BOX 9154 SARASOTA FL 34278-9154 US			4	DO NOT WRITE IN T	'HIS SPACE
				3. Date Incorporated or Qualified	
9 Principal I	Place of Business	2a. Mailing Address		09/26/1994	
21	riace or business	} <del>_</del> _, "		4. FEI Number	Applied For
Suite, Apt	. #. etc.	Suite, Apt. #, etc.		65-0542247	Not Applicable
22		<b>├</b> ─┐		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ile	City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	
l HO	DW <b>ar</b> d, Cynthia s		81 Name	e	
	16 17TH STREET COURT EAST		82 Stree	et Address (P.O. Box Number is Not Acceptable)	
TA	LLEVAST FL 34270				
1			83		
			84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State.			es, the above-name outhorized by the co	d corporation submits this statement for the purpo progration's board of directors. I hereby accept the	se of changing its registered appointment as registered
l .	am familiar with, and accept the obliq	jations of, Section 607.0505, Flo	rida Statutes.		.,,
SIGNATURE	Signature, typed or printed name of registered as	gent and title II applicable (NOTE	: Registered Agent signatu	re required when reinstating) DA	ATE.
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	11 TITLE		Change Addition
NAME	GRIMES, JETSON		1.2 NAME		
STREET ADDRESS	1580 28TH STREET		1.3 STREET ADDRESS	3	
CITY-ST-ZIP	SARASOTA FL 34234		1.4 CITY - ST - ZIP		
TITLE	0	DELETE	2.1 TITLE		Change Addition
NAME	YANCY, HUGH JR.		2.2 NAME		
STREET ADDRESS	2743 18TH STREET		2.3 STREET ADDRESS	i <b>[</b>	
CITY-ST-ZIP	SARASOTA FL 34234		2. 4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	BATTIE, HENRY		3.2 NAME		
STREET ADDRESS	1825 EDGEWATER DRIVE		3.3 STREET ADDRESS		İ
CITY-ST-ZIP	SARASOTA FL 34234		3.4. CITY-ST-ZIP		
TITLE	D	DELET <b>E</b>	4.1 TITLE		Change Addition
NAME	HILL, ROSALIND		4. 2 NAME		
STREET ADDRESS	2719 18TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		Change Addition
NAME	SHAW, WILLIE C		5.2 NAME		
STREET ADDRESS	1234 17TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234	T7	5.4 CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TITLE		DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STRFET ADDRESS		

14. 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 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 unit an address.

IGNATURE: 3/10-

CITY-ST-ZIP

4/24/98 947366-7784

**FILED** 

May 01 1998 8:00am

Secretary of State