

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morriam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:15

DOCUMENT # **736280** (9)

1. Corporation Name

NEW PROGRESS MISSIONARY BAPTISH CHURCH OF TAMPA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **3309 E. SHADOW LAWN AVE. TAMPA FL 33610**
Mailing Address: **3309 E. SHADOW LAWN AVE. TAMPA FL 33610**

3. Date Incorporated or Qualified: **07/02/1976**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-1718912**
Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes: Yes No

2. Principal Place of Business (21) 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

City & State (23) City & State (28)

Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICKLER, MALCOLM P. III
202 MADISON STREET
TAMPA FL 32602**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	WILLIAMS, E.J.
STREET ADDRESS	4215 EAST LOUISIANA
CITY - ST - ZIP	TAMPA FL
TITLE	VD
NAME	COLDING, D.E.
STREET ADDRESS	2408 EAST NORTH BAY
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	WILLIAMS, JIMMY LEE
STREET ADDRESS	3715 E. CARACAS AVE.
CITY - ST - ZIP	TAMPA FL
TITLE	ST
NAME	JACKSON, WILLIE JAMES
STREET ADDRESS	3407 N.51ST ST.
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	HARRIS, LEROY W.
STREET ADDRESS	4008 MARGUERITE ST.
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if stamped, or on an attachment with an address.

SIGNATURE:

Willie James Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

813-985-7115
Tallahassee, Florida