

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90394 001 ****61.25
 05-14-2002 90394 002 *****8.75

DOCUMENT # 736280

1. Entity Name

NEW PROGRESS MISSIONARY BAPTISH CHURCH OF TAMPA, INC.

Principal Place of Business

Mailing Address

3309 E. SHADOW LAWN AVE.
 TAMPA FL 33610

3309 E. SHADOW LAWN AVE.
 TAMPA FL 33610

83310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1718912

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P WILLIAMS, E.J.	<input type="checkbox"/> Delete
STREET ADDRESS	4215 EAST LOUISIANA	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	VD WILLIAMS, JIMMY LEE	<input type="checkbox"/> Delete
STREET ADDRESS	3715 E CARACAS AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	ST JACKSON, WILLIE JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3407 N.51ST ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	D HARRIS, LEROY W.	<input type="checkbox"/> Delete
STREET ADDRESS	4008 MARGUERITE ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willie James Jackson *Willie James Jackson* *April 27, 2002* *8139857415*

CR2E037 (9/01)