


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90256 001 ****61.25
04-08-2004 90256 002 *****8.75

DOCUMENT # 736280 1. Entity Name NEW PROGRESS MISSIONARY BAPTISH CHURCH OF TAMPA, INC.	
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Principal Place of Business 3309 E. SHADOW LAWN AVE. TAMPA FL 33610	Mailing Address 3309 E. SHADOW LAWN AVE. TAMPA FL 33610
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



MOORE CR2E037 (11/03)

Zip	Country	Zip	Country	4. FEI Number 59-1718912	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MICKLER, MALCOLM P. III 202 MADISON STREET TAMPA FL 32602
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	FL	Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">P WILLIAMS, E.J. 4215 EAST LOUISIANA TAMPA FL</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>VD WILLIAMS, JIMMY LEE 3715 E CARACAS AVE TAMPA FL</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>ST JACKSON, WILLIE JAMES 3407 N.51ST ST. TAMPA FL</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>D HARRIS, LEROY W. 4008 MARGUERITE ST. TAMPA FL</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	P WILLIAMS, E.J. 4215 EAST LOUISIANA TAMPA FL	<input type="checkbox"/> Delete	VD WILLIAMS, JIMMY LEE 3715 E CARACAS AVE TAMPA FL	<input type="checkbox"/> Delete	ST JACKSON, WILLIE JAMES 3407 N.51ST ST. TAMPA FL	<input type="checkbox"/> Delete	D HARRIS, LEROY W. 4008 MARGUERITE ST. TAMPA FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10											
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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: Willie James Jackson Date: Apr. 14, 2004 Daytime Phone #: 813-985-7415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR