

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

2/1

FILED
Mar 08, 2006 8:00 am
Secretary of State

02-16-2006 90042 043 ****61.25

DOCUMENT # 736280
1. Entity Name
NEW PROGRESS MISSIONARY BAPTISH CHURCH OF TAMPA, INC.



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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

66004110

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
59-1718912 Not Applicable

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

6. Name and Address of Current Registered Agent
**MICKLER, MALCOLM P. III
202 MADISON STREET
TAMPA FL 32602**

7. Name and Address of New Registered Agent
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. 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 re-registering)

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	
NAME	WILLIAMS, E.J.	NAME	
STREET ADDRESS	4215 EAST LOUISIANA	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	TITLE	VD
NAME	WILLIAMS, JIMMY LEE	NAME	Charlie E. Floyd
STREET ADDRESS	3715 E CARACAS AVE	STREET ADDRESS	7151 Wrenwood Circle
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	Tampa, FL 33617
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	ST	TITLE	ST
NAME	JACKSON, WILLIE JAMES	NAME	Gloria A. McMillan
STREET ADDRESS	3407 N.51ST ST.	STREET ADDRESS	6603 Oakview Terrace
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	Tampa, FL 33610
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	TITLE	D
NAME	HARRIS, LEROY W.	NAME	Mozella Jackson
STREET ADDRESS	4008 MARGUERITE ST.	STREET ADDRESS	3910 - E. Louisiana Ave
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	Tampa, FL 33610
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Don Williams 3/5/06 813 623-1959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day or Phone #