


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-1718912	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	WILLIAMS, E.J.	
STREET ADDRESS	4215 EAST LOUISIANA	
CITY-STATE-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLOYD, CHARLIE E	
STREET ADDRESS	7151 WRENWOOD CIR	
CITY-STATE-ZIP	TAMPA FL 33617	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCMILLAN, GLORIA A	
STREET ADDRESS	6603 OAKVIEW TERR	
CITY-STATE-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, MOZELLA	
STREET ADDRESS	3910 EAST LOUISIANA AVE	
CITY-STATE-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	U000000637758	
NAME	02/26/07-80073-021 61.25	
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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: *Rev. E. J. Williams* **Rev. E. J. Williams 2-11-07 (238-1674)**
 813-623-1959