


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 736280</b>			
1. Entity Name <b>NEW PROGRESS MISSIONARY BAPTISH CHURCH OF TAMPA, INC.</b>			
Principal Place of Business <b>3309 E. SHADOW LAWN AVE. TAMPA FL 33610</b>		Mailing Address <b>3309 E. SHADOW LAWN AVE. TAMPA FL 33610</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MICKLER, MALCOLM P. III 202 MADISON STREET TAMPA FL 32602</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 _____			
Signature, typed or printed name of registered agent and title (if applicable)		(NOTE: Registered Agent signature is not required when registering)	
		DATE	



1st MOORE CR2E037 (10/07)

4. FEI Number <b>59-1718912</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, E.J.</b>	NAME	
STREET ADDRESS	<b>4215 EAST LOUISIANA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLOYD, CHARLIE E</b>	NAME	
STREET ADDRESS	<b>7151 WRENWOOD CIR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMILLAN, GLORIA A</b>	NAME	
STREET ADDRESS	<b>6603 OAKVIEW TERR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, MOZELLA</b>	NAME	
STREET ADDRESS	<b>3910 EAST LOUISIANA AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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. Williams* 1-27-08-623-1959