

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 17, 2009  
Secretary of State**

DOCUMENT# 736280

Entity Name: NEW PROGRESS MISSIONARY BAPTISH CHURCH OF TAMPA, INC.

**Current Principal Place of Business:**

3309 E. SHADOW LAWN AVE.  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

3309 E. SHADOW LAWN AVE.  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number: 59-1718912      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILLIAMS, E.J.,  
Address: 4215 EAST LOUISIANA  
City-St-Zip: TAMPA, FL

Title: VD ( ) Delete  
Name: FLOYD, CHARLIE E  
Address: 7151 WRENWOOD CIR  
City-St-Zip: TAMPA, FL 33617

Title: ST ( ) Delete  
Name: MCMILLAN, GLORIA A  
Address: 6603 OAKVIEW TERR  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: JACKSON, MOZELLA  
Address: 3910 EAST LOUISIANA AVE  
City-St-Zip: TAMPA, FL 33610

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA MCMILLAN

ST

01/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date