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Feb 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004245 (5)**

1. Corporation Name

SOUTH FLORIDA PROGRESSIVE PRIMITIVE BAPTIST DISTRICT ASSOCIATION INC.

Principal Place of Business	Mailing Address
1223 N NEBRASKA AVE TAMPA FL 33602	1223 N NEBRASKA AVE TAMPA FL 33602-3044

3. Date Incorporated or Qualified: 09/06/1995
3a. Date of Last Report: 04/09/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

4. FEI Number: 59-3331471 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, ELDER WILLIE J
1223 N NEBRASKA AVE
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RHODES, CARL ELDER		1.2 NAME	
STREET ADDRESS	2456 MELROSE AVE SO		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33712		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, WILLIE J ELDER		2.2 NAME	
STREET ADDRESS	1223 N. NEBRASKA AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, CAESAR ELDER		3.2 NAME	
STREET ADDRESS	520 12TH ST DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 33561		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SHANNON, VINCENT L ELDER		4.2 NAME	
STREET ADDRESS	1345 N. WEBSTER AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GRANT, JACOB L ELDER		5.2 NAME	
STREET ADDRESS	908 SO EMPIRE ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33564		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Willie L Williams + Willie T. Williams 1-7-97 813-223-3023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0047021