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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 09/06/1995

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAMS, ELDER WILLIE J 1223 N NEBRASKA AVE TAMPA FL 33602	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 (10/97)

14. I 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 J. Williams Willie J. Williams 3-23-98 813-229-1582