2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90042 009 ****61.25

DOCUMENT # N95000004245

1. Entity Name

SOUTH FLORIDA PROGRESSIVE PRIMITIVE BAPTIST DISTRICT ASSOCIATION INC.

Principal Place of Business	Mailing Address
1223 N. NEBRASKA AVENUE TAMPA FL 33602	1223 N. NEBRASKA AVENUE TAMPA FL 33602

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
1225 N. Nebraska Ave Suite, Apt. #, etc.	1225 N. Nebraska Ave. Suite, Apt. #, etc.
City & State: Tampa Florida	City & State: Tampa FL.
Zip: 33602 Country: USA	Zip: 33602 Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, WILLIE J DR. 1223 N. NEBRASKA AVENUE TAMPA FL 33602	Name: Willie J. Dr. Street Address (P.O. Box Number is Not Acceptable): 1225 N. Nebraska Ave City: Tampa FL Zip Code: 33602

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: Willie J Williams Willie J. Williams 2-1-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMS, WILLIE J 2503 EAST 21ST AVENUE TAMPA FL 33605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THOMAS, ISAAC 26372 ASUNCION DRIVE PUNTA GORDA FL 33983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PUGH, WILLIE D 48 HOLIDAY MANOR HAINES CITY FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHANNON, VINCENT L 1345 N. WEBSTER AVE. LAKELAND FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAWKINS, MITCHELL L 3717 JERICHO DRIVE CASTLEBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONALDSON, VERNON J 2450 NORTH 10TH STREET HAINES CITY FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: Willie J Williams Willie J. Williams 2-1-04 813-223-3033