

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000004245

1. Entity Name

**SOUTH FLORIDA PROGRESSIVE PRIMITIVE BAPTIST
DISTRICT ASSOCIATION INC.**



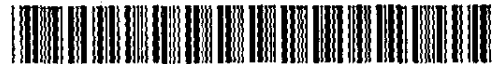
Principal Place of Business

**1225 N. NEBRASKA AVENUE
TAMPA, FL 33602**

Mailing Address

**1225 N. NEBRASKA AVENUE
TAMPA, FL 33602**

000000500865
04/25/06-80038-023 61.25



01072006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**WILLIAMS, WILLIE J DR.
1225 N. NEBRASKA AVENUE
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-2006

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, WILLIE J
STREET ADDRESS 2503 EAST 21ST AVENUE
CITY-ST-ZIP TAMPA, FL 33605

TITLE SD
NAME THOMAS, ISAAC
STREET ADDRESS 26372 ASUNCION DRIVE
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE TD
NAME PUGH, WILLIE D
STREET ADDRESS 48 HOLIDAY MANOR
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE D
NAME SHANNON, VINCENT L
STREET ADDRESS 1345 N. WEBSTER AVE.
CITY-ST-ZIP LAKELAND, FL 33805

TITLE D
NAME DAWKINS, MITCHELL L
STREET ADDRESS 3717 JERICHO DRIVE
CITY-ST-ZIP CASTLEBERRY, FL 32707

TITLE D
NAME DONALDSON, VERNON J
STREET ADDRESS 2450 NORTH 10TH STREET
CITY-ST-ZIP HAINES CITY, FL 33844

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-2006 813-223-3023