2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

1. Entity Name

SOUTH FLORIDA PROGRESSIVE PRIMITIVE BAPTIST



DISTRIC	T ASSOCIATION INC.			7				
1225 N. NEBRASKA AVENUE 1.		Mailing Address 1225 N. NEBRASKA AV TAMPA, FL 33602	1225 N. NEBRASKA AVENUE		40010029			
2 Dringing F	Ness of Business No B.O. Pay #	2 Moiling Address						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				n italia membil ibil	IFOL OF AFEL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232007 Chg	-NP CR2E037	(12/06)		
City & State		City & State		4. FEI Number 59-3331471		 	plied For t Applicable	
Zìp	Country	Zip	Country	5. Certificate of Statu		8.75 Add ee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Registered Ac	gent		
WILLIAMS, WILLIE J DR.			Name	Name				
1225 N. NEBRASKA AVENUE TAMPA, FL. 33602			Street Address		s (P.O. Box Number is Not Acceptable)			
,								
			City		FL	Zip Code	9	
	e named entity submits this statement for	or the purpose of changing its	registered office or regis	tered agent, or both, in th	e State of Florida. I am fa	miliar with,	and accept	
the obliga	tions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agen	r and title if applicable /NOT	E: Registered Agent signature requ	ired when reinstation	DATE			
	Signature, types of printed harrie or registeres agen-	(110)	E. Negatalad Agailt agricula requ	web wrettendining/	DATE.			
							1	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Car Trust Fund 0	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check Florida Departr			
10.	Due by May 1, 2007 OFFICERS AND DR	Trust Fund (Added to Fees		ment of St	ate	
TITLE	OFFICERS AND DE	Trust Fund (11. TITLE	Added to Fees	Florida Departr	ment of St	ate	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD WILLIAMS, WILLIE J 2503 EAST 21ST AVENUE TAMPA, FL 33605 SD THOMAS, ISAAC	Trust Fund C	11. TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME	Added to Fees	Florida Departr	ment of St	10 Addition	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _

813-223-1363

FILED

Feb 06, 2007 8:00 am Secretary of State

02-06-2007 90009 036 ****61.25