2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # N95000004245

1. Entity Name
SOUTH FLORIDA PROGRESSIVE PRIMITIVE BAPTIST DISTRICT ASSOCIATION INC.

Principal Place of Business	Mailing Address
1225 N. NEBRASKA AVENUE TAMPA, FL 33602	1225 N. NEBRASKA AVENUE TAMPA, FL 33602

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02012008 No Chg-NP CR2E037 (4/06)

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

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

Filing Fee is $61.25
Due by May 1, 2008

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

U00000864894
04/07/08-80005-023 61.25

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	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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Willie J. Williams - Willie J. Williams 3-14-08 813-802-8368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #