## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004245

FILED Apr 17, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 1225 N. NEBRASKA AVENUE TAMPA, FL 33602 **Current Mailing Address: New Mailing Address:** 1225 N. NEBRASKA AVENUE TAMPA, FL 33602 FEI Number: 59-3331471 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, WILLIE J DR 1225 N. NEBRASKA AVENUE TAMPA, FL 33602 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WILLIAMS, WILLIE J Name: Name: 2503 EAST 21ST AVENUE Address: Address: City-St-Zip: TAMPA, FL 33605 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: THOMAS, ISAAC Name: Address: 26372 ASUNCION DRIVE Address: City-St-Zip: PUNTA GORDA, FL 33983 City-St-Zip: Title: () Delete Title: () Change () Addition PUGH, WILLIE D Name: Name: 48 HOLIDAY MANOR Address: Address: City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: DAWKINS, MITCHELL L Name: 3717 JERICHO DRIVE Address: Address: City-St-Zip: CASTLEBERRY, FL 32707 City-St-Zip: Title: ( ) Delete Title: () Change () Addition DONALDSON, VERNON J Name: Name: 2450 NORTH 10TH STREET Address: Address: City-St-Zip: HAINES CITY, FL 33844 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE J. WILLIAMS PRES 04/17/2009