## FILED Mar 28, 2005 8:00 am Secretary of State

2005	NOT	-FOR-	PRO	FIT C	ORPC	RATION
		ANN	JAL	REPO	RT	

DOCUMENT # 705829  1. Entity Name FIRST BAPTIST CHURCH OF PROGRESS VILLAGE, INC.						03-	28-2005 90	042 045 **	**70.	00	
Principal Place of Business 8616 PROGRESS BLVD. TAMPA, FL 33619		Mailing Address 8616 PROGRESS BLVD. TAMPA, FL 33619									
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02222005 Ch	g-NP	CR2E037 (10	0/03)			
City & State		City & State				E0 3070440   <del>   </del>			<del> </del>	olied For Applicable	
Žip	Country		Zip	Zip Co.		intry	5. Certificate of Sta		75 Additional Required		
6. Name and Address of Current Registered Agent						Name	7. Name and Addr	ess of New Re	gistered Agent		
SHEFFIELD, AMOS 2802 COMMONWEALTH AVE					Street Address (P.O. Box Number is Not Acceptable) .						
VALVICO,	FL 33594	4									
						City FL Zip Code					
		y submits this statement for tered agent.	r the purp	ose of changing its	registere	ed office or regis	stered agent, or both, in t	the State of Flori	da. I am familia	ar with, a	and accept
SIGNATURE  Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
Filing Fee is \$61.25 9. Election Campaign Due by May 1, 2005 Trust Fund Contribu						\$5.00 May Be Added to Fees					
10.		OFFICERS AND DIF	ECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS	S AND DIRECT	ORS IN	10
NAME STREET ADDRESS CITY-ST-ZIP									hange	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							_		Change	Addition	
TITLE : NAME STREET ADDRESS - CITY-ST-ZIP		, JIMMIE (SPRING DRIVE N, FL 33511		□ Delete		i		. سه د		Change	Addition —
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5848 LAN	ELL, ANTHONY IGSTON DRIVE FL 33619		☐ Delete -		I				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2802 CO	LD, AMOS MMONWEALTH AVE ), FL 33594		☐ Delete		l l				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	DIVE AVE FL 33619		☐ Delete	CITY	E EET ADDRESS -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 regeiver 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: MOS Suffice Amos Sheffield 3/10/05 (813)677-1948  SIGNATURE AND TYPED OFFICER OF DIRECTOR)  Date Daylitre Proce #											