

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90052 015 ****61.25

DOCUMENT # 720021

1. Entity Name
**ST. JAMES A.M.E. CHURCH OF PROGRESS
VILLAGE, INC.**



Principal Place of Business
**5202 86TH STREET SOUTH
TAMPA, FL 33619**

Mailing Address
**5202 86TH STREET SOUTH
TAMPA, FL 33619**

54028236



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2670322

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPENCER, ALBERT
1805 CADILLAC CIRCLE
TAMPA, FL 33619**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME MASON, WALKER M
STREET ADDRESS 3701 CORTEZ WAY S
CITY-ST-ZIP ST PETERSBURG, FL 33712

TITLE VD ☐ Delete
NAME MCPHERSON, ALLIE
STREET ADDRESS 8311 ENDIVE AVE
CITY-ST-ZIP TAMPA, FL

TITLE TD ☐ Delete
NAME MILLER, ROBERT S
STREET ADDRESS 5211 85TH ST S
CITY-ST-ZIP TAMPA, FL

TITLE SD ☐ Delete
NAME ALBERT, SPENCER
STREET ADDRESS 1805 CADILLAC CIRCLE
CITY-ST-ZIP TAMPA, FL 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME **Rev. J. GAY, SR.**
STREET ADDRESS **1440 130TH RD.**
CITY-ST-ZIP **Plant City, FL 33567**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone