



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE

	
04252005 No Chg-NP	CR2E037 (10/03)
4. FEI Number 59-2670322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent	
SPENCER, ALBERT 1805 CADILLAC CIRCLE TAMPA, FL 33619	

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

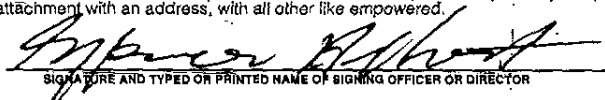
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAY, JOEL SR 2440 BERRY RD PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCPHERSON, ALLIE 8311 ENDIVE AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, ROBERT S 5211 85TH ST S TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALBERT, SPENCER 1805 CADILLAC CIRCLE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

04/27/05-80119-003 61.25

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:  4-25-05 (613) 276-2725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #