2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#727766

FILED Feb 05, 2009 Secretary of State

Entity Name: ST. JOHN'S PROGRESSIVE MISSIONARY BAPTIST CHURCH, BUILDING ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2504-CHIPCO STREET 2504 E. CHIPCO AVE. TAMPA, FL 33605 TAMPA, FL 33605 **Current Mailing Address: New Mailing Address:** P.O. BOX 75194 P.O. BOX 75194 TAMPA, FL 33675 TAMPA, FL 33675 US FEI Number: 59-2311649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAYS, EUGENE 8044 DEERWOOD CIRCLE TAMPA, FL 33605 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: () Change () Addition () Delete GALLMON, ISAAC Name: Name: 4213 E. LOUISIANNA AVE Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: SD Title: () Delete () Change () Addition BURGESS, ANDREW DR Name: Name: Address: 24351 LANDING DR Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: Title: () Delete Title: () Change () Addition DORSEY, LARUE Name: Name: 8423 GREENWOOD AVE Address: Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MCNEAL, DELATORRO L D Name: Address: 18419 TIMBERLAN DR Address: City-St-Zip: LUTZ, FL 33549 US City-St-Zip: Title: PC () Delete Title: () Change () Addition MAYS, EUGENE Name: Name: 8044 DEERWOOD CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: () Delete Title: () Change () Addition BANKS, BARTHOLOMEW (, REV) Name: Name: Address: 9609 WOODLAND RIDGE DR. Address: TEMPLE TERRACE, FL 33637 City-St-Zip: 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: DELATORRO L. MCNEAL D 02/05/2009