

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733866 (8)

1. Corporation Name

PROVIDENCE PROGRESSIVE BAPTIST CHURCH OF BARTOW,
FLORIDA INC..



Principal Place of Business

835 POLK STREET
BARTOW FL 33830

Mailing Address

835 POLK STREET
BARTOW FL 33830

3. Date Incorporated or Qualified
09/19/1975

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 Providence Progressive Baptist Church
Suite, Apt. #, etc.

26 Providence Progressive Baptist Church
Suite, Apt. #, etc.

22 510 Battle Ave
City & State

27 510 Battle Ave
City & State

23 Bartow Fla.
Zip

28 Bartow Fla.
Zip

24 33830
Country

29 33830
Country

4. FEI Number

05-0043644

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, FRED T., JR.
RT. 1, BOX 138, SOUTH AVENUE
BARTOW FL 33830

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

HERMAN L. BURGESS, Secy.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME BURGESS, CARL J.
STREET ADDRESS 830 POLK ST.
CITY-ST-ZIP BARTOW, FLORIDA 0 ☐ DELETE

TITLE TD
NAME FORSETT, VERNON
STREET ADDRESS 830 POLK ST.
CITY-ST-ZIP BARTOW, FLORIDA 0 ☐ DELETE

TITLE D
NAME BURGESS, HERMAN L.
STREET ADDRESS 835 POLK ST.
CITY-ST-ZIP BARTOW, FLORIDA 0 ☐ DELETE

TITLE PD
NAME SIMS, OLIVE
STREET ADDRESS 1950 LAUREL STL
CITY-ST-ZIP BARTOW, FLORIDA 0 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HERMAN L. BURGESS, Secy.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 / 3 / 96

Date

Daytime Phone #

CR2E037 (12/95)