

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733866

1. Entity Name

PROVIDENCE PROGRESSIVE BAPTIST CHURCH OF BARTOW,

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90312 020 \*\*\*\*61.25

Principal Place of Business

PROVIDENCE PROGRESSIVE M B C  
510 BOTTLE AVENUE  
BARTOW FL 33830  
US

Mailing Address

PROVIDENCE PROGRESSIVE M B C  
510 BOTTLE AVENUE  
BARTOW FL 33830  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0043644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURGESS, LOUIS A  
1226 LONGWOOD OAKS BLVD  
LAKELAND FL 33811

7. Name and Address of New Registered Agent

Name Eddie G Robinson

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

2195 E Gibbons ST

City BARTOW

FL

Zip Code 33830

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURGESS, CARL J. 830 POLK ST. BARTOW FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURGESS, LOUIS A 1226 LONGWOOD OAKS BLVD LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURGESS, HERMAN L. 595 WALDON AVE BARTOW FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMS, OLIVE 1950 LAUREL STL BARTOW, FLORIDA 0	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE JOHNNIE LOWE SR 1405 W BRYANT ST BARTOW, FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE Eddie G Robinson 2195 E Gibbons ST BARTOW, FL 33830	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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 REQUIRED

JOHNNIE LOWE SR 4-22-01

863-533 2370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)