

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000009904	
1. Entity Name PROGRESSIVE MISSIONARY AND EDUCATIONAL BAPTIST STATE CONVENTION COMMUNITY DEVELOPMENT CORPORATIO	

Principal Place of Business 1010 WEST OLIVE STREET LAKELAND, FL 33802	Mailing Address P.O. BOX 1622 LAKELAND, FL 33802
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01242006 No Chg-NP CR2E037 (11/05)

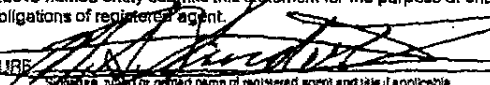
DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2704391	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOWERS, WALLACE Z 8306 FIR DR TAMPA, FL

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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 	DATE 1/24/06
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**Filing Fee is \$61.25
Due by May 1, 2006**

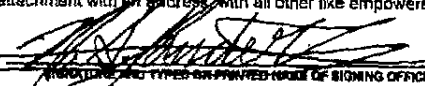
9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SANDERS, N.S. REV. DR
STREET ADDRESS	1130 N WEBSTER ST
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	D
NAME	TAYLOR, C.R.
STREET ADDRESS	55 CENTER ST
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	SD
NAME	PIERCE, J.J. REV. SR
STREET ADDRESS	P.O. BOX 2308
CITY-ST-ZIP	LAKE WELLS, FL 33859
TITLE	DVT
NAME	SIMS, W.D. REV.
STREET ADDRESS	3708 E LAKE AVE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	BARNUM, JOEL
STREET ADDRESS	4008 E HENRY ST
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	BOWERS, WALLACE Z
STREET ADDRESS	8306 FIR DR
CITY-ST-ZIP	TAMPA, FL 33619

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02/06/06-80019-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	DATE 1/24/06	Daytime Phone # 863-683-3662
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