

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90098 016 ****61.25

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1. Entity Name

**PROGRESSIVE MISSIONARY AND EDUCATIONAL
BAPTIST STATE CONVENTION COMMUNITY**



Principal Place of Business

Mailing Address

1010 WEST OLIVE STREET
LAKELAND FL 33802

P.O. BOX 1622
LAKELAND FL 33802



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P. O. Box 11923

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa, FL

City & State

City & State

Zip

Country

Zip

Country

33680

USA

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

**BOWERS, WALLACE Z
8306 FIR DR
TAMPA FL**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME SANDERS, N.S. REV. DR
STREET ADDRESS 1130 N WEBSTER ST
CITY-ST-ZIP LAKELAND FL 33805

TITLE PD ☐ Change ☒ Addition
NAME Banks, Bartholomew Dr.
STREET ADDRESS 9601 Woodland Ridge
CITY-ST-ZIP Tampa, FL 33637

TITLE D ☒ Delete
NAME TAYLOR, C.R.
STREET ADDRESS 55 CENTER ST
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE D ☐ Change ☒ Addition
NAME Copeland, Doris E.
STREET ADDRESS 1502 E. Louisiana Ave.
CITY-ST-ZIP Tampa, FL 33610

TITLE SD ☐ Delete
NAME PIERCE, J.J. REV. SR
STREET ADDRESS P.O. BOX 2308
CITY-ST-ZIP LAKE WELLS FL 33859

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVT ☐ Delete
NAME SIMS, W.D. REV.
STREET ADDRESS 3708 E LAKE AVE
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BARNUM, JOEL
STREET ADDRESS 4008 E HENRY ST
CITY-ST-ZIP TAMPA FL 33610

TITLE D ☐ Change ☒ Addition
NAME Haynes, W. D. Rev.
STREET ADDRESS 1911 Abbey Ridge Dr.
CITY-ST-ZIP Dover, FL 33584

TITLE D ☐ Delete
NAME BOWERS, WALLACE Z
STREET ADDRESS 8306 FIR DR
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W. Z. Bowers **W. Z. Bowers** 4-26-07 (8B)
677-6438