2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N02000009904

Entity Name: PROGRESSIVE MISSIONARY AND EDUCATIONAL BAPTIST STATE CONVENTION COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

1010 WEST OLIVE STREET
LAKELAND, FL 33802

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11923
TAMPA, FL 33680

New Mailing Address:

FEI Number: 20-2704391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWERS, WALLACE Z
8306 FIR DR
TAMPA, FL US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	BANKS, BARTHOLOMEW DR.	
Address:	9601 WOODLAND RIDGE	
City-St-Zip:	TAMPA, FL 33637	
Title:	D	( ) Delete
Name:	COPELAND, DORIS E	
Address:	1502 E. LOUISIANA AVE.	
City-St-Zip:	TAMPA, FL 33610	
Title:	SD	( ) Delete
Name:	PIERCE, J.J. REV. SR	
Address:	P.O.BOX 2308	
City-St-Zip:	LAKE WELLS, FL 33859	
Title:	DVT	( ) Delete
Name:	SIMS, W.D. REV.	
Address:	3708 E LAKE AVE	
City-St-Zip:	TAMPA, FL 33610	
Title:	D	( ) Delete
Name:	HAYNES, W.D. REV.	
Address:	1911 AVVEY RIDGE DR.	
City-St-Zip:	DOVER, FL 33584	
Title:	D	( ) Delete
Name:	BOWERS, WALLACE Z	
Address:	8306 FIR DR	
City-St-Zip:	TAMPA, FL 33619	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: BOWERS, WALLACE Z D 04/28/2008

Electronic Signature of Signing Officer or Director — Date