

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009904

FILED
Jun 01, 2009
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: D (X) Change () Addition
Name: SANDERS, NED S
Address: 1130 N. WEBSTER AVE.
City-St-Zip: LAKELAND, FL 33805 US

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: WALLACE Z. BOWERS

D

06/01/2009

Electronic Signature of Signing Officer or Director

Date