


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N03000010341

1. Entity Name
SOUTH FLORIDA PROGRESSIVE PRIMITIVE BAPTIST DISTRICT ASSOCIATION ECONOMIC DEVELOPMENT CORPORATION



Principal Place of Business
1225 N NEBRASKA AVE
TAMPA, FL 33602

Mailing Address
1225 N NEBRASKA AVE
TAMPA, FL 33602



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132004 Chg-NP CR2E037 (10/03)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, WILLIE J
1225 N NEBRASKA AVE
TAMPA, FL 33602

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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	
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, WILLIE J
STREET ADDRESS	P.O. BOX 76227
CITY-ST-ZIP	TAMPA, FL 33675
TITLE	D <input type="checkbox"/> Delete
NAME	HAUGHBROOK, JAMES E
STREET ADDRESS	4114 4TH AVE S
CITY-ST-ZIP	ST PETERSBURG, FL 33711
TITLE	D <input type="checkbox"/> Delete
NAME	THOMAS, ISAAC
STREET ADDRESS	26372 ASUNCION DR
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	D <input type="checkbox"/> Delete
NAME	WARE, ALFONSO
STREET ADDRESS	P.O. BOX 16823
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	D <input type="checkbox"/> Delete
NAME	PUGH, WILLIE D
STREET ADDRESS	P.O. BOX 1936
CITY-ST-ZIP	HAINES CITY, FL 33845
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000061377
CITY-ST-ZIP	02/23/04-80079-004 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Willie Williams Willie J. Williams* 2-13-04 813-223-1135