

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 02, 2005 8:00 am
Secretary of State

01-25-2005 90037 033 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N03000010341					
1. Entity Name SOUTH FLORIDA PROGRESSIVE PRIMITIVE BAPTIST DISTRICT ASSOCIATION ECONOMIC DEVELOPMENT					
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	4. FEI Number 11-3706108	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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				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 _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, WILLIE J		NAME		
STREET ADDRESS	P.O. BOX 76227		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33675		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAUGHBROOK, JAMES E		NAME		
STREET ADDRESS	4114 4TH AVE S		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33711		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, ISAAC		NAME		
STREET ADDRESS	26372 ASUNCION DR		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33983		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARE, ALFONSO		NAME		
STREET ADDRESS	P.O. BOX 16823		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PUGH, WILLIE D		NAME		
STREET ADDRESS	P.O. BOX 1936		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL 33845		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Willie J. Williams</i>			Date: <i>1-19-2005</i> 813-223-7023		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		