


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 31, 2007 08:00 AM**  
**Secretary of State**

|   |   |   |
|---|---|---|
| DOCUMENT # N03000010341   |   |  |
| 1. Entity Name<br>SOUTH FLORIDA PROGRESSIVE PRIMITIVE BAPTIST<br>DISTRICT ASSOCIATION ECONOMIC DEVELOPMENT<br>CORPORATION |   |   |
| Principal Place of Business<br>1225 N NEBRASKA AVE<br>TAMPA, FL 33602   | Mailing Address<br>1225 N NEBRASKA AVE<br>TAMPA, FL 33602 |   |



01232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>11-3706108  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>WILLIAMS, WILLIE J<br>1225 N NEBRASKA AVE<br>TAMPA, FL 33602 |
|---|

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IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

000000614207  
02/06/07-80015-023 61.25

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WILLIAMS, WILLIE J<br>P.O.BOX 76227<br>TAMPA, FL 33675           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HAUGHBROOK, JAMES E<br>4114 4TH AVE S<br>ST PETERSBURG, FL 33711 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>THOMAS, ISAAC<br>26372 ASUNCION DR<br>PUNTA GORDA, FL 33983      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WARE, ALFONSO<br>P.O.BOX 16823<br>ST PETERSBURG, FL              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PUGH, WILLIE D<br>P.O.BOX 1936<br>HAINES CITY, FL 33845          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 J Williams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2007 813-223-1363  
Date Daytime Phone #