

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



02012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 11-3706108	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**

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	04/07/08-80005-012 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, WILLIE J P.O.BOX 76227 TAMPA, FL 33675
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUGHBROOK, JAMES E 4114 4TH AVE S ST PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ISAAC 26372 ASUNCION DR PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARE, ALFONSO P.O.BOX 16823 ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUGH, WILLIE D P.O.BOX 1936 HAINES CITY, FL 33845
TITLE NAME STREET ADDRESS 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 - Willie J. Williams* **3-14-08** **813-802-8368**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #