2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # N05000005409

FILED Jul 17, 2006 8:00 am Secretary of State

| 1. Entity Name PROGRESS MISSIONARY BAPTIST CHURCH, INC. | | | | | | | | 07-17-2006 | 90136 | 032 **** | 70.00 |
|---|--|--|----------------------|--|--|---|--------------------------------|------------------|-------------------------|---|---|
| 2850 MIDWAY AVENUE | | | 2850 | Mailing Address 2850 MIDWAY AVENUE SANFORD, FL 32771 | | | | | ļ | 50022 | 619 |
| 2. Principal Place of Business | | | 3. Maili | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suit | Suite, Apt. #, etc. | | | 07052006 C | hg-NP | CR2E | 037 (4/06) | |
| City & State | | | City & State | | | | 4. FEI Number | 14991 | 9 | 1 | Applied For |
| Zip Country | | Zip | Zip Co | | intry | 5. Certificate of Si | | | \$8.75 Ad Fee Regula | iditional | |
| | 6. Name | and Address of Current | t Registered | l Agent | | | 7. Name and Add | tress of New Re | gistered | Agent | |
| JENKINS | ROBIN A | | | | | Name | | | | | |
| JENKINS, ROBIN A 4232 ANDOVER CAY BLVD | | | | Street Address | | | (P.O. Box Number is | Not Acceptable |) | | |
| ORLANDO | D, FL 3282 | 25 | | | | | | | | | |
| | | | | | | City | | | | Zip Co | |
| | | | | | City | | | | FI | <u> </u> | |
| the obliga | tions of regist | y submits this statement i tered agent, | for the purpo | ise of changing its | register | ed office or regist | ered agent, or both, th | ine State of Fio | rida. I am | i tamiliar with | , and accept |
| SIGNATURE | | | | · · · · · · · | | | | | | | |
| | Signature, typed | or printed name of registered ager | nt and title if appa | cable. (NOT | E: Registers | d Agent signature requir | red when reinstating) | | DATE | | |
| D. | Filing Fe | e is \$61.25 otember 6, 2006 | it and title it appa | 9. Election Car Trust Fund C | npaign F | inancing | \$5.00 May Be Added to Fees | 1 | ske ched | k payable rtment of S | |
| D 10. | Filing Fe | e is \$61.25 | | 9. Election Car | npaign F | inancing | \$5.00 May Be | Flori | ake ched da Depa | rtment of S | State |
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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 arrattachment with an address, with all other like empowered.

SIGNATURE: