

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Feb 07, 2008 8:00 am
Secretary of State**

02-07-2008 90011 028 ****70.00

DOCUMENT # N05000005409		
1. Entity Name PROGRESS MISSIONARY BAPTIST CHURCH, INC.		

Principal Place of Business 2850 MIDWAY AVENUE SANFORD, FL 32771	Mailing Address 2850 MIDWAY AVENUE SANFORD, FL 32771
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
6. Name and Address of Current Registered Agent	
JENKINS, ROBIN A 4232 ANDOVER CAY BLVD ORLANDO, FL 32825	



01112008 Chg-NP CR2E037 (12/06)

4. FEI Number 90-0149919	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name <i>Gale Blake</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1915 S. Summerlin Ave</i>	
City <i>Sanford</i>	FL Zip Code <i>32771</i>

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.

Gale C. Blake

1/20108

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2008		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			
<p>TITLE P NAME BLAKE, EMORY STREET ADDRESS 3709 PEACE PIPE DRIVE CITY-ST-ZIP ORLANDO, FL 32829</p> <p><input type="checkbox"/> Delete</p>		<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE VP NAME MORRIS, OSCAR STREET ADDRESS 2571 EAST 21ST STREET CITY-ST-ZIP SANFORD, FL 32771</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE T NAME HODGES, TRACIE STREET ADDRESS 2822 GRAMERCY DRIVE CITY-ST-ZIP DELTONA, FL 32738</p> <p><input checked="" type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><i>T Jackson Dorothy 1941 Water Street Sanford, FL 32771</i></p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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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 an attachment with an address, with all other like empowered.

Rev. Emory Blake

1/20/2008 807-416-5544

SIGNATURE: *Rev. Emory Blake*

Date *1/20/2008* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR