

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90004 017 ****61.25

DOCUMENT # **NOL0000010395**

1. Entity Name
GRAND CENTRAL PROGRESSIVE M.B. Church



DO NOT WRITE IN THIS SPACE

40115034

2. Principal Place of Business - No P.O. Box #

1401-18th Ave So

3. Mailing Address

1401-18th Ave So

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG

City & State

FL

4. FEI Number **371-53-1431**

Applied For

Not Applicable

Zip

33705

Country

Pinellas

Zip

33705

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **RONALD WADE**

Street Address (P.O. Box Number is Not Acceptable)

4045-9th Ave So

City

ST. PETERSBURG

FL

Zip Code

33711

**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

Ronald Wade

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

(NOTE: Registered Agent signature required when reinstating)

8-25-08

DATE

**FEE IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASTOR RONALD WADE 4045-9th Ave So. ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE BRONSON FLA 6590-115 Ave 32621 LEONARD MANUEL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINANCE CLERK Katherine Manuel 6590 NE 115 AV Bronson FL 32621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE 1316 28TH AVE SO ST. PET FLA 33705 LEON MANUEL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deacon STEVEN DANIELS 2540-15th Ave So. ST. Petersburg, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deacon ARLEN WADE 4758-9th Ave So. ST. Petersburg, FL 33711

**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 on an attachment with an address, with all other like empowered.

SIGNATURE:

RONALD WADE PASTOR

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

8-25-08

Date

727-215-0218

Daytime Phone #