

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001381

FILED
Jul 05, 2009
Secretary of State

Entity Name: FLORIDA PROGRESSIVE BAPTIST THEOLOGICAL SEMINARY ALUMNI, INC.

Current Principal Place of Business:

600 EAVERTSON STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12098
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FLAGG, AARON REV.
391 ROBERT C. WEAVER DRIVE
JACKSONVILLE, FL 32208 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLAGG, AARON REV.
Address: 391 ROBERT C WEAVER DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: V () Delete
Name: EADY, RICHARD DEA.
Address: P.O. BOX 12098
City-St-Zip: JACKSONVILLE, FL 32209

Title: V () Delete
Name: JONES, RAY REV.
Address: 2135 W. 43RD STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: ALEXANDER, FLORENCE MIN
Address: P.O. BOX 12098
City-St-Zip: JACKSONVILLE, FL 32209

Title: AS () Delete
Name: RAYSON, MARGIE MIN.
Address: P.O. BOX 12098
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: SIMMONS, LIZZIE REV.
Address: P.O. BOX 12098
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLAGG, AARON REV.
Address: 3919 ROBERT C WEAVER DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. AARON FLAGG

P

07/05/2009

Electronic Signature of Signing Officer or Director

Date