


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N27279</b>	
<b>1. Entity Name</b> PROGRESSIVE MISSIONARY AND EDUCATIONAL BAPTIST STATE CONVENTION OF FLORIDA, INCORPORATED	

<b>Principal Place of Business</b> 1030 WEST OLIVE STREET LAKELAND, FL 33815 US	<b>Mailing Address</b> PO BOX 1622 LAKELAND, FL 33802
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01242006 No Chg-NP CR2E037 (11/05)

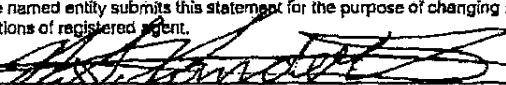
<b>4. FEI Number</b> 59-2907694	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

SANDERS, N.S. DR.  
1030 WEST OLIVE STREET  
LAKELAND, FL 33815

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**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 reappointing)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> SANDERS, NED S REV. 942 LAKE DEESON POINTE LAKELAND, FL 33805
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> BANKS, BARTHOLOMEW REV. 9601 WOODLAND RIDGE DR. TAMPA, FL 33637
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> DAVIS, W.M. REV. 1301 N.W. 46TH AVENUE FT. LAUDERDALE, FL 33111
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> RAYMOND, CLEVELAND 2491 W. 23RD STREET JACKSONVILLE, FL 32209
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> PRICE, WILSON 500 ORANGE STREET CHIPLEY, FL 32428
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> HERNDON, RUBY F 2527 LANTANA JACKSONVILLE, FL 32209

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02/06/06-80019-010 61.25

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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 817, 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:**  **DATE** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR