

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90026 046 ****61.25

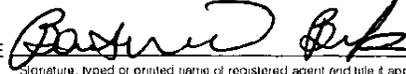
DOCUMENT # N27279			
1. Entity Name PROGRESSIVE MISSIONARY AND EDUCATIONAL BAPTIST STATE CONVENTION OF FLORIDA,			
Principal Place of Business 1030 WEST OLIVE STREET LAKELAND FL 33815 US		Mailing Address PO BOX 1622 LAKELAND FL 33802	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P. O. Box 11923	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Tampa, FL	
City & State		City & State	
Zip	Country	Zip	Country
		33680	USA



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2907694		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANDERS, N.S DR. 1030 WEST OLIVE STREET LAKELAND FL 33815		Name Banks, Bartholomew Dr.	
		Street Address (P.O. Box Number is Not Acceptable) 9601 Woodland Ridge	
		Tampa	
		City	FL

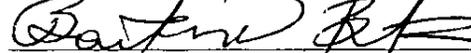
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **President** **4/26/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SANDERS, NED S REV. 942 LAKE DEESON POINTE LAKELAND FL 33805 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Banks, Bartholomew Dr. 9601 Woodland Ridge Tampa, FL 33637 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BANKS, BARTHOLOMEW REV. 9601 WOODLAND RIDGE DR. TAMPA FL 33637 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S Copeland, Doris E. 1502 E. Louisiana Ave. Tampa, FL 33610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V DAVIS, W.M. REV. 1301 N.W. 46TH AVENUE FT. LAUDERDALE FL 33111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	V Rucker, Sr., H. D. Rev. 700 Elm Ave. Sanford, FL 32771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T RAYMOND, CLEVELAND 2491 W. 23RD STREET JACKSONVILLE FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PRICE, WILSON 500 ORANGE STREET CHIPLEY FL 32428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HERNDON, RUBY F 2527 LANTANA JACKSONVILLE FL 32209 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Wright, Barbara F. 2217 17th Ave. Tampa, FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:  **Bartholomew Banks** **4-26-07** **(813) 989-1056**
Signature and typed or printed name of signing officer or director Date Daytime Phone #