

# 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

Mailing Address

1030 WEST OLIVE STREET  
LAKELAND FL 33815  
US

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

4. FEI Number

59-2907694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)



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

Zip Code  
33637

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

*[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. ☐

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete  
NAME SANDERS, NED S REV.  
STREET ADDRESS 942 LAKE DEESON POINTE  
CITY- ST- ZIP LAKELAND FL 33805

TITLE P ☒ Change ☒ Addition  
NAME Banks, Bartholomew Dr.  
STREET ADDRESS 9601 Woodland Ridge  
CITY- ST- ZIP Tampa, FL 33637

TITLE S ☒ Delete  
NAME BANKS, BARTHOLOMEW REV.  
STREET ADDRESS 9601 WOODLAND RIDGE DR.  
CITY- ST- ZIP TAMPA FL 33637

TITLE S ☐ Change ☒ Addition  
NAME Copeland, Doris E.  
STREET ADDRESS 1502 E. Louisiana Ave.  
CITY- ST- ZIP Tampa, FL 33610

TITLE V ☒ Delete  
NAME DAVIS, W.M. REV.  
STREET ADDRESS 1301 N.W. 46TH AVENUE  
CITY- ST- ZIP FT. LAUDERDALE FL 33111

TITLE V ☐ Change ☒ Addition  
NAME Rucker, Sr., H. D. Rev.  
STREET ADDRESS 700 Elm Ave.  
CITY- ST- ZIP Sanford, FL 32771

TITLE T ☐ Delete  
NAME RAYMOND, CLEVELAND  
STREET ADDRESS 2491 W. 23RD STREET  
CITY- ST- ZIP JACKSONVILLE FL 32209

TITLE T ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☐ Delete  
NAME PRICE, WILSON  
STREET ADDRESS 500 ORANGE STREET  
CITY- ST- ZIP CHIPLEY FL 32428

TITLE D ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☒ Delete  
NAME HERNDON, RUBY F  
STREET ADDRESS 2527 LANTANA  
CITY- ST- ZIP JACKSONVILLE FL 32209

TITLE D ☐ Change ☒ Addition  
NAME Wright, Barbara F.  
STREET ADDRESS 2217 17th Ave.  
CITY- ST- ZIP Tampa, FL 33602

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bartholomew Banks 4-26-07 (813) 989-1056

Date

Daytime Phone #