

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27279

FILED
May 15, 2009
Secretary of State

Entity Name: PROGRESSIVE MISSIONARY AND EDUCATIONAL BAPTIST STATE CONVENTION OF FLORIDA, INCORPORATED

Current Principal Place of Business:

1030 WEST OLIVE STREET
LAKELAND, FL 33815 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 11923
TAMPA, FL 33680

New Mailing Address:

FEI Number: 59-2907694 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

BANKS, BARTHOLOMEW DR
9601 WOODLAND RIDGE
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

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: S () Delete
Name: COPELAND, DORIS E
Address: 1502 E. LOUISIANA AVE
City-St-Zip: TAMPA, FL 33610

Title: P () Delete
Name: BANKS, BARTHOLOMEW REV.
Address: 9601 WOODLAND RIDGE DR.
City-St-Zip: TAMPA, FL 33637

Title: V () Delete
Name: RUCKER, H.D. SR
Address: 700 ELM AVE
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: RAYMOND, CLEVELAND
Address: 2491 W. 23RD STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: PRICE, WILSON
Address: 500 ORANGE STREET
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: WRIGHT, BARBARA F
Address: 2217 17TH AVE
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: DUNN, ANNETTE M
Address: 1130 N. WEBSTER AVE.
City-St-Zip: LAKELAND, FL 33805

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: BARTHOLOMEW BANKS

P

05/15/2009

Electronic Signature of Signing Officer or Director

Date