

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 30, 1999 8:00 am  
Secretary of State

06-30-1999 90006 007 \*\*\*\*70.00

DOCUMENT # N37049

1. Corporation Name FLORIDA PROGRESSIVE BAPT. SEMI. INC.  
600 EVERSON ST.  
JACKSONVILLE FL. 32204-1422

Principal Place of Business

Mailing Address

600 EVERSON ST.  
JACKSONVILLE FL. 32204-1422

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/04/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution
24	25	29
30		

9. Name and Address of Current Registered Agent

ROBINSON, PERRY  
600 EVERSON ST.  
JACKSONVILLE, FL. 32202

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Perry Robinson* 5/26/99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	1.2 NAME	
STREET ADDRESS	YOUNG, WILLIE E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	1203 SPEARING ST. JAX, FL.	1.4 CITY-ST-ZIP	
TITLE	C/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAIRMAN	2.2 NAME	
STREET ADDRESS	NORMAN, EDWARD J.	2.3 STREET ADDRESS	
CITY-ST-ZIP	2103 W. 40th ST. JAX, FL.	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR	3.2 NAME	
STREET ADDRESS	CARTER, LUELLA B.	3.3 STREET ADDRESS	
CITY-ST-ZIP	1802 W. 10th ST. JAX, FL.	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR	4.2 NAME	
STREET ADDRESS	DAVIS, GREGORY	4.3 STREET ADDRESS	
CITY-ST-ZIP	7806 CAXTON CIR. W. JAX, FL.	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Willie E. Young*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/1999

Date

Daytime Phone #

CR2E037 (1/98)