


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N37049	
1. Entity Name FLORIDA PROGRESSIVE BAPTIST SEMINARY, INC.	

Principal Place of Business 600 EVERSON STREET JACKSONVILLE FL 32204-1422	Mailing Address 600 EVERSON STREET JACKSONVILLE FL 32204-1422
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent ROBINSON, PERRY 600 EVERSON STREET JACKSONVILLE FL 32202	
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4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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	PD	TITLE	
NAME	HEZEKIAH, RANDY JR	NAME	
STREET ADDRESS	440 S WOODLAWN ST	STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	CITY-ST-ZIP	
TITLE	CD	TITLE	
NAME	NORMAN, EDWARD J.	NAME	
STREET ADDRESS	2103 W. 40TH ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	WRIGHT, NATHANIEL	NAME	
STREET ADDRESS	7153 IRVING SCOTT DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SIMS, CATREL	NAME	
STREET ADDRESS	1606 E 14TH ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BOLDEN, DARIEN K	NAME	
STREET ADDRESS	1752 DAYTONA LANE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

U00000364178
05/06/05-80030-010 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nathaniel Wright 5-3-05 904 765-474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #