

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002530 (3)**

1. Corporation Name  
**ST. JOHN PROGRESSIVE MISSIONARY BAPTIST CHURCH I NC.**



Principal Place of Business: **2504 CHIPCO AVE. TAMPA FL 33605**  
Mailing Address: **P.O. BOX 75194 TAMPA FL 33675**

3. Date Incorporated or Qualified: **05/19/1994**  
3a. Date of Last Report: **08/16/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number <del>19-0811049</del> <b>59-3012002</b>	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	28	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country	29	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BANKS, BARTHOLOMEW REV.</b> <b>2504 CHIPCO AVE.</b> <b>TAMPA FL 33605</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: Bartholomew Banks **Bartholomew Banks** (President) **5-6-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ISACH GALLMON</b>	1.2 NAME	<b>Frances Williams</b>
STREET ADDRESS	<b>C/O 2504 CHIPCO AVE.</b>	1.3 STREET ADDRESS	<b>4019 W. Arch Street</b>
CITY-ST-ZIP	<b>TAMPA FL 33605</b>	1.4 CITY-ST-ZIP	<b>Tampa, Florida 33607</b>
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTHOLOMEW BANKS</b>	2.2 NAME	
STREET ADDRESS	<b>9609 WOODLAND RIDGE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN WILLAMS</b>	3.2 NAME	
STREET ADDRESS	<b>1107 PAPAYA DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Bartholomew Banks **Bartholomew Banks** **5-6-96** (813) 247-2345  
Signature and typed or printed name of signing officer or director. Date. Daytime Phone #

CR2E037 (12/95)