


FILE NOW: FILING FEE IS \$61.25

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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/19/1994	Applied For <input type="checkbox"/>
4. FEI Number 59-3012002	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BANKS, BARTHOLOMEW REV.
2504 CHIPCO AVE.
TAMPA FL 33605**

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISACH GALLMON	1.2 NAME	CHARLIE BALL, JR.
STREET ADDRESS	C/O 2504 CHIPCO AVE.	1.3 STREET ADDRESS	4320 GRACE STREET
CITY-ST-ZIP	TAMPA FL 33805	1.4 CITY-ST-ZIP	TAMPA FL 33607
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTHOLOMEW BANKS	2.2 NAME	
STREET ADDRESS	9609 WOODLAND RIDGE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN WILLIAMS	3.2 NAME	ALFRED J. O'NEAL, SR.
STREET ADDRESS	1107 PAPAYA DRIVE	3.3 STREET ADDRESS	1314 W. CYPRESS ST.
CITY-ST-ZIP	TAMPA FL 33807	3.4 CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, FRANCES	4.2 NAME	ANNIE M. HORNE
STREET ADDRESS	4019 W. ARCH STREET	4.3 STREET ADDRESS	6302 WOODSPRAY LANE
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA FL 33617
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Leon Miller
STREET ADDRESS		5.3 STREET ADDRESS	3503 E. -Knollwood
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, FL 33610
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Charlie Ball, Sr.
STREET ADDRESS		6.3 STREET ADDRESS	3528 Machado St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tampa FL 33605

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.

SIGNATURE _____ DATE 04/30/98 (813) 247-2345

CFR2037 (10/97)