

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90081 042 \*\*\*\*61.25

0051842

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **N94000002530**

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/19/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3012002	
24 Country		29 Country		30 Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent  
**BANKS, BARTHOLOMEW REV.  
2504 CHIPCO AVE.  
TAMPA FL 33605**

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

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 *[Signature]* DATE **4-12-99**  
(NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> Addition
NAME	CHARLIE BALL, JR	1.2 NAME	
STREET ADDRESS	4320 GRACE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	
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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFRED J O'NEAL SR	3.2 NAME	
STREET ADDRESS	1314 W CYPRESS ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNIE M HORNE	4.2 NAME	
STREET ADDRESS	6302 WOODSPRAY LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON MILLER	5.2 NAME	
STREET ADDRESS	3503 E KNOLLWOOD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLIE BALL, SR	6.2 NAME	D Kinsey, Samuel
STREET ADDRESS	3528 MACHADO ST	6.3 STREET ADDRESS	4610 Ashland Drive
CITY-ST-ZIP	TAMPA FL 33605	6.4 CITY-ST-ZIP	Tampa, FL 33610

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: *[Signature]* SIGNATURE REQUIRED *[Signature]* DATE: **4-12-99** Daytime Phone #

CR2E037 (1/98)