

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91730 011 ****61.25

DOCUMENT # N94000002530

1. Entity Name

**ST. JOHN PROGRESSIVE MISSIONARY BAPTIST CHURCH I
 NC.**

Principal Place of Business

Mailing Address

**2504 CHIPCO AVE.
 TAMPA FL 33605**

**P.O. BOX 75194
 TAMPA FL 33675**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3012002**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE  **Bartholomew Banks (Rev)**

4-15-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	STRANGE, VINCENT	
STREET ADDRESS	2612 19TH AVENUE E	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARTHOLOMEW BANKS	
STREET ADDRESS	9809 WOODLAND RIDGE DR	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALFRED J O'NEAL SR	
STREET ADDRESS	1314 W CYPRESS ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, ROSE	
STREET ADDRESS	5005 CASTLE PL. #328	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEON MILLER	
STREET ADDRESS	3503 E KNOLLWOOD	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KINSEY, SAMUEL	
STREET ADDRESS	4610 ASHLAND DRIVE	
CITY-ST-ZIP	TAMPA FL 33610	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LaRue Dorsey, Jr.	
STREET ADDRESS	8423 Greenwood Avenue	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Isaac Gallmon	
STREET ADDRESS	4213 E. Louisiana Avenue	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eugene Mays	
STREET ADDRESS	8044 Deerwood Circle	
CITY-ST-ZIP	Tampa, FL 33610	

12. 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 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 empowerments.

SIGNATURE:  **Bartholomew Banks**

4-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)