

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 17, 2006
Secretary of State**

DOCUMENT# N94000002530

Entity Name: ST. JOHN PROGRESSIVE MISSIONARY BAPTIST CHURCH INC.

Current Principal Place of Business:

2504 CHIPCO AVE.
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 75194
TAMPA, FL 33675

New Mailing Address:

FEI Number: 59-3012002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: STRANGE, VINCENT
Address: 2612 19TH AVENUE E
City-St-Zip: TAMPA, FL 33605

Title: PD () Delete
Name: BARTHOLOMEW BANKS,
Address: 9609 WOODLAND RIDGE DR
City-St-Zip: TAMPA, FL 33617

Title: TD () Delete
Name: DORSEY, LARUE
Address: 8423 GREENWOOD AVE
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: WATSON, ROSE
Address: 5005 CASTILE PL. #328
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: GALLMON, ISAAC
Address: 4213 E. LOUISIANA AVE
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: MAYS, EUGENE
Address: 8044 DEERWOOD CIR
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WATSON, ROSE
Address: 519 ROYAL RIDGE STREET
City-St-Zip: VALRICO, FL 33594

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARTHOLOMEW BANKS

PD

01/17/2006

Electronic Signature of Signing Officer or Director

Date