

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002530

FILED  
Apr 28, 2008  
Secretary of State

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 (X)

**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: 519 ROYAL RIDGE STREET  
City-St-Zip: VALRICO, FL 33594

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: SD (X) Change ( ) Addition  
Name: MCNEAL, DELATORRO L SD  
Address: 18419 TIMBERLAN DR.  
City-St-Zip: LUTZ, FL 33549 US

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: ( ) 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 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

04/28/2008

Electronic Signature of Signing Officer or Director

Date