

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90069 019 \*\*\*\*61.25

**DOCUMENT # N95000002633**

1. Entity Name  
**THE PROGRESSIVE CHURCH OF GOD IN CHRIST, INC.**



Principal Place of Business  
**833 W THARPE STREET  
TALLAHASSEE, FL 32303 US**

Mailing Address  
**PO BOX 3104  
TALLAHASSEE, FL 32315 US**

**DO NOT WRITE IN THIS SPACE**



04032006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3319522**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent **NEW**

**OLD**  
**WALTERS, ALEXANDRIA  
489 SHILOH ROAD  
QUINCY, FL 32351**

**CHANGE**

**ELDER CHARLES E. WEAVER  
689 EAGLE VIEW CIRCLE  
TALLAHASSEE, FL  
32311**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEAVER, II, CHARLES EDWARD ELDER 689 EAGLE VIEW CIRCLE TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEAVER, KATHERINE J 689 EAGLE VIEW CIRCLE TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALTERS, ALEXANDRIA E 489 SHILOH RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE:

**Charles E. Weaver II**

**CHARLES E. WEAVER II**

**4-11-06**

**850 412-5122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #