

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90016 012 ****61.25

DOCUMENT # N99000002684

1. Entity Name
GRACE PROGRESSIVE MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business
**3505 1ST STREET EAST
BRADENTON, FL 34208**

Mailing Address
**P.O. BOX 1164
BRADENTON, FL 34206**

54069489



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08122004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3619773

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**SEARLES, JOHNN J JR
1524 27TH AVE E
BRADENTON, FL 34208**

Name **Boykins, Bernis**
Street Address (P.O. Box Number is Not Acceptable)

**1022 LEWIS AVE
BRADENTON, FL 34208**

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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **SEARLES, JOHNN J JR**
STREET ADDRESS **1524-27TH AVE E**
CITY-ST-ZIP **BRADENTON, FL**

TITLE **President** ☒ Change ☐ Addition
NAME **Dozier, Sherman**
STREET ADDRESS **1661 PO. Box**
CITY-ST-ZIP **LeBelle, FL 33975**

TITLE **VD** ☐ Delete
NAME **DOZIER, SHERMAN**
STREET ADDRESS **1925 20TH ST S**
CITY-ST-ZIP **ST PETERSBURG, FL**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Boykins, Bernis**
STREET ADDRESS **1022 Lewis Ave**
CITY-ST-ZIP **Bradenton, FL 34208**

TITLE **T** ☒ Delete
NAME **LOUISE, PURVIS**
STREET ADDRESS **629 13TH AVE E**
CITY-ST-ZIP **BRADENTON, FL 34208**

TITLE **Treasurer** ☐ Change ☐ Addition
NAME **Vegas, Stacey**
STREET ADDRESS **11878 Colyar Ln.**
CITY-ST-ZIP **Parrish, FL 34219**

TITLE **SD** ☒ Delete
NAME **BUNDRAGE, YVONNE**
STREET ADDRESS **1002 110TH ST E**
CITY-ST-ZIP **BRADENTON, FL**

TITLE **Secretary** ☐ Change ☐ Addition
NAME **Heggs, Lynette**
STREET ADDRESS **4948 Bradenton Rd.**
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **S** ☒ Delete
NAME **JENKINS, TIFFANY**
STREET ADDRESS **5413 STONEYBROOK LN**
CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE: **Lynette Heggs**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-04 **941-947-4978**
Date Daytime Phone #