

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90017 041 ****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		
2. Principal Place of Business 2403 9th St W Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Bradenton FL		City & State		4. FEI Number 59-3619773	
Zip 34205		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYKINS, BERNIS 1022 LEWIS AVE BRADENTON, FL 34208 Sarasota, FL 34237			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P NAME SHERMAN, DOZIER STREET ADDRESS 1661 PO BOX CITY-ST-ZIP LABELLE, FL 33975	<input type="checkbox"/> Delete		TITLE NAME Sherman Dozier STREET ADDRESS 3226 3rd St West CITY-ST-ZIP Lehigh Acres Fla 33971	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BOYKINS, BERNIS STREET ADDRESS 1022 LEWIS AVE CITY-ST-ZIP BRADENTON, FL 34208	<input type="checkbox"/> Delete		TITLE NAME Bernis Boykins STREET ADDRESS 1022 LEWIS AVE CITY-ST-ZIP SARASOTA, FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MITCHELLVEGAS, STACYE L STREET ADDRESS 11518 COLYAR LANE CITY-ST-ZIP PARRISH, FL 34219	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME HEGGES, LYNETTE STREET ADDRESS 21948 BRADENTON RD CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME Lynette Hegg STREET ADDRESS 4948 Bradenton Rd CITY-ST-ZIP Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 life empowered.					
SIGNATURE:			2.5.06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		