## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006541

Entity Name: FLORIDA STATE PRIMITIVE BAPTIST EDUCATIONAL

FOUNDATION, INC.

**Current Principal Place of Business:** 

1015 ALABAMA STREET TALLAHASSEE, FL 32304

**Current Mailing Address:** 

P O BOX 3608

APOLLO BEACH, FL 33572 US

FEI Number: 05-0605272 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, WILLIE J PRESIDENT 2290 HARRIS HAWK AVE RUSKIN, FL 33570 US

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: WILLIE J WILLIAMS 02/07/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title TREASURER

NameWILLIAMS, WILLIE JNameWILLIAMS, TIMOTHY LAddress327 BLUEWATER FALLS COURTAddress1015 ALABAMA STREETCity-State-Zip:APOLLO BEACH FL 33572City-State-Zip:TALLAHASSEE FL 32304

Title FIRST VICE PRESIDENT Title SECRETARY

Name WASHINGTON, KENNETH A VICE Name WILLIAMS, CEDRIC L SECRETARY

Address 1015 ALABAMA STREET

Address 1015 ALABAMA STREET

City-State-Zip: MILTON FL 32304

City-State-Zip: WEST PALM BEACH FL 32304

Title SECOND VICE PRESIDENT

**PRESIDENT** 

Name GAINES, ROBERT

Address 1329 ABRAHAM STREET
City-State-Zip: TALLAHASSEE FL 32304

SIGNATURE: WILLIE WILLIAMS

I hereby 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 all other like empowered.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/07/2024

FILED Feb 07, 2024

**Secretary of State** 

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