

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002530

**FILED**  
**Feb 26, 2015**  
**Secretary of State**  
**CC7138503330**

**Entity Name:** ST. JOHN PROGRESSIVE MISSIONARY BAPTIST CHURCH INC.

**Current Principal Place of Business:**

2504 E. CHIPCO AVE.  
TAMPA, FL 33605

**Current Mailing Address:**

P.O. BOX 75194  
TAMPA, FL 33675

**FEI Number: 59-3012002**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BANKS, BARTHOLOMEW SR.  
2504 CHIPCO AVE.  
TAMPA, FL 33605 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SD  
Name MCNEAL, DELATORRO LSD  
Address 18419 TIMBERLAN DR.  
City-State-Zip: LUTZ FL 33549

Title PD  
Name BARTHOLOMEW BANKS  
Address 9609 WOODLAND RIDGE DR  
City-State-Zip: TAMPA FL 33617

Title TD  
Name DORSEY, LARUE  
Address 8423 GREENWOOD AVE  
City-State-Zip: TAMPA FL 33617

Title D  
Name WATSON, ROSE  
Address 519 ROYAL RIDGE STREET  
City-State-Zip: VALRICO FL 33594

Title D  
Name GALLMON, ISAAC  
Address 4213 E. LOUISIANA AVE  
City-State-Zip: TAMPA FL 33610

Title D  
Name BALL, CHARLIE JR.  
Address 4320 W. GRACE STREET  
City-State-Zip: TAMPA FL 33607

*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.*

**SIGNATURE: DELATORRO L.MCNEAL**

**SD**

**02/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date