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May 05, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 734115

1. Corporation Name

MOUNT PLEASANT PRIMITIVE BAPTIST CHURCH OF FORT MEADE, INC.

Principal Place of Business

P.O. BOX 246  
125 SOUTH WEST 7TH STREET  
FT. MEADE FL 33841

Mailing Address

P.O. BOX 246  
125 SOUTH WEST 7TH STREET  
FT. MEADE FL 33841



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/20/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 25		29 30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASH, DAVID JR.  
8108 JAD DRIVE  
TAMPA FL 33619-6532

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDNELL, PEGGY J	1.2 NAME	
ADDRESS	716 SOUTH FRENCH AVENUE	1.3 STREET ADDRESS	
ST-ZIP	FT. MEADE FL 33841	1.4 CITY-ST-ZIP	
TITLE	ACD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASH, ELIZABETH	2.2 NAME	
ADDRESS	201 SOUTH WEST 7TH STREET	2.3 STREET ADDRESS	
ST-ZIP	FT. MEADE FL 33841	2.4 CITY-ST-ZIP	
TITLE	TC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASH, DAVID JR.	3.2 NAME	
ADDRESS	8108 JAD DRIVE	3.3 STREET ADDRESS	
ST-ZIP	TAMPA FL 33619-6532	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
ADDRESS		4.3 STREET ADDRESS	
ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
ADDRESS		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
ADDRESS		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	

I, \_\_\_\_\_, 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 included on this annual report or supplemental annual 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 Section 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* April 27, 1999 (813) 621-5948

CR2E037 (1/198)