


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 734115 1. Entity Name MOUNT PLEASANT PRIMITIVE BAPTIST CHURCH OF FORT MEADE, INC.	
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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
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02022005 No Chg-NP GR2E037 (10/03)

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4. FCI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ASH, DAVID JR.
 402 JUMPER DRIVE
 P.O. BOX 1888
 BUSHNELL, FL 33513**

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HUDNELL, PEGGY J 716 SOUTH FRENCH AVENUE FT. MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACD ASH, ELIZABETH 201 SOUTH WEST 7TH STREET FT. MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC ASH, DAVID JR. 8108 JAD DRIVE TAMPA, FL 336196532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/10/05-80011-007 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David Ash Jr. Date: February 2, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR