
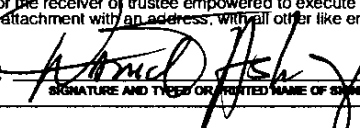


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90023 039 \*\*\*\*70.00

<b>DOCUMENT # 734115</b>					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ASH, DAVID JR. 402 JUMPER DRIVE P.O. BOX 1888 BUSHNELL, FL 33513				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDNELL, PEGGY J			NAME	
STREET ADDRESS	716 SOUTH FRENCH AVENUE			STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE, FL 33841			CITY-ST-ZIP	
TITLE	ACD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASH, ELIZABETH			NAME	
STREET ADDRESS	201 SOUTH WEST 7TH STREET			STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE, FL 33841			CITY-ST-ZIP	
TITLE	TC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASH, DAVID JR.			NAME	
STREET ADDRESS	8108 JAD DRIVE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 336196532			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 like empowered.					
SIGNATURE: 				3/19/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	