

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


03-21-2007 90026 011 \*\*\*\*61.24

734115

FILED

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COUNTY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 734115</b> 1. Entity Name <b>MOUNT PLEASANT PRIMITIVE BAPTIST CHURCH OF FORT MEADE, INC.</b>	
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Principal Place of Business <b>P.O. BOX 246 125 SOUTH WEST 7TH STREET FT. MEADE, FL 33841</b>	Mailing Address <b>P.O. BOX 246 125 SOUTH WEST 7TH STREET FT. MEADE, FL 33841</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03012007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ASH, DAVID JR. 402 JUMPER DRIVE P.O. BOX 1888 BUSHNELL, FL 33513</b>	
7. Name and Address of New Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable) City	
City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD HUDNELL, PEGGY J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	716 SOUTH FRENCH AVENUE	NAME	
STREET ADDRESS	FT. MEADE, FL 33841	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ACD ASH, ELIZABETH <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	201 SOUTH WEST 7TH STREET	NAME	<i>Mother Pearl Daniels</i>
STREET ADDRESS	FT. MEADE, FL 33841	STREET ADDRESS	<i>424 South Lanice Ave</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>FT. Meade, FL 33841</i>
TITLE	TC ASH, DAVID JR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8108 JAD DRIVE	NAME	
STREET ADDRESS	TAMPA, FL 336196532	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	
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 *Wesley H. Fort*