


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

PENDING
 08-19-2004 90051 011 ***122.50
 N01000006754

DOCUMENT # N01000006754		
1. Entity Name PLEASANT GROVE BAPTIST CHURCH OF TAYLOR COUNTY, FLORIDA, INC.		
Principal Place of Business 8985 ALTON WENTWORTH RD SHADY GOVE FL 32357		Mailing Address P O BOX 682 SHADY GROVE FL 32357
2. Principal Place of Business <i>8985 ALTON WENTWORTH RD</i>		3. Mailing Address <i>Lesly Coulliette</i> <i>12669 U.S. 19 North</i>
City & State <i>SHADY GOVE FL 32357</i>		City & State <i>Greenville, FL</i>
Zip <i>32357</i>	Country <i>TAYLOR</i>	Zip <i>323</i>
4. FEI Number <i>59-2353451</i>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KNOWLES, HORACE 9887-ALTON WENTWORTH RD GREENVILLE FL 32331		7. Name and Address of New Registered Agent
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 <i>HORACE KNOWLES</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>HORACE KNOWLES</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>
DATE <i>8-4-04</i>		
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.
		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KNOWLES, HORACE 8985 ALTON WENTWORTH RD SHADY GOVE FL 32357	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROWELL, AULEY 4205 IRA SMITH RD SHADY GROVE FL 32357	REINSTATEMENT <i>02-04</i> <i>C. Coulliette</i> <i>AUG 30 2004</i> TALLAHASSEE, FLORIDA SECRETARY OF STATE FILED AUG 30 PM 2:28
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SEVER, BERT RT 1, BOX 16-A LAMONT FL 32336	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby 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 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: <i>HORACE KNOWLES</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>8-1-04</i> Date
		<i>584 5380</i> Daytime Phone #