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

08-19-2004 90051 011 ***122.50

	ANNUAL RE	EPORT (AR)		N01000006754
DOCUMENT # N01000006754 1. Entity Name				
PLEASANT GROVE BAPTIST CHURCH OF TAYLOR COUNTY, FLORIDA, INC.				
Principal Place	of Business	Mailing Address	, , , , , , , , , , , , , , , , , , , 	
8985 ALTON SHADY GOV	I WENTWORTH RD E FL 32357	P O BOX 682 SHADY GROVE FL 3235	7 '	
	a			
889	ace of Business SALTON WENTWORTH		oulliet	4e 08/01/02 50278 004 \$6125
Suite, Apt.		Suita, Apl. #, etc/ 12669 U.S. City & State	19 Nort	08/06/02 90278 004 \$61-25 MOORE CR2E037 (4/04) 4. FEI Number — 2 2 154 4 Applied For
City & State	Bore FIA 32357	Greenville	e F/.	4. FEI Number 353451 Applied For Not Applicable
3235	7 Country 7 TAY/0-	3 ² 3	Country /D	5 Cartificate of Status Doniced \$8.75 Additional
	6. Name and Address of Current F	Registered Agent	, blama d	7. Name and Address of New Registered Agent
			Name 1	
)WLES, HORACE 7-ALTON WENTWORTH-RD		Street Ac	Helegas IP O Roy Number is Not Accompanies
	ENVILLE FL 32331			
			City	FL Zjo 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 a	and tale it applicable. (NOTE: F	Registered Agent signatu	AUVEA 9-4-0-4 Are required when revisitating) DATE
744 T		*****		
and the second second	FILE NOW: FEE IS \$61.25 Due By September 8, 2004	9. Election Camp Trust Fund Co		S5.00 May Be Added to Fees Make Check Payable to Florida Department of State
10.	OFFICERS AND DIR	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	D	☐ Delete	mte	Change Addition
NAME	KNOWLES, HORACE 8985 ALTON WENTWORTH RD		NAME	PENDOTATE NATIONAL DO 2-04
STREET ADORESS CITY-ST-ZIP	SHADY GOVE FL 32357		STREET ADDRESS CITY-ST-ZIP	3 0 2004
TITLE	D ·	☐ Delete	TITLE	AUG 3 0 2004
NAME	ROWELL, AULEY		NAME	C. Coullette AUG ZE Parage Addition
STREET ADORESS	4205 IRA SMITH RD SHADY GROVE FL 32357		STREET ADDRESS	∵ S ≥
CITY-ST-ZIP	-		CITY-ST-ZIP	AUG RET LAH
NAME	SEVER, BERT		NAME	S S Sonaria L Addition
	RT 1, BOX 16-A		STREET ADDRESS	
CITY-ST-ZIP	LAMONT FL 32336		CITY-ST-ZIP	PR D
TITLE		☐ Delete	TITLE	☐ S ☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	· · · · · · <u> ≅</u> ≧- ~ · ·
CITY-ST-ZIP			CITY-ST-ZIP	₩ '8
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	200040781252 09/02/0401041022 **175.00
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP	09/02/0401041022 **175.00
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Ì		NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	and the three three information and the second	this filing door not	CITY-ST-ZIP	ted in Section 110 07/3Vi) Florida Statutae I huther codily that the information
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: HOLDE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Description Priors 8				