

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 05, 2007
Secretary of State**

DOCUMENT# N01000006754

Entity Name: PLEASANT GROVE BAPTIST CHURCH OF TAYLOR COUNTY, FLORIDA, INC.

Current Principal Place of Business:

%LESSLY COULLIETTE
12669 U.S. 19 NORTH
GREENVILLE, FL 32331

New Principal Place of Business:

% KYLE ROWELL
8985 ALTON WENTWORTH ROAD
GREENVILLE, FL 32331

Current Mailing Address:

%LESSLY COULLIETTE
12669 U.S. 19 NORTH
GREENVILLE, FL 32331

New Mailing Address:

% KYLE ROWELL
PO BOX 682
SHADY GROVE, FL 323570682

FEI Number: 20-8611331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, HORACE
9887 ALTON WENTWORTH RD
GREENVILLE, FL 32331 US

Name and Address of New Registered Agent:

ROWELL, AULEY
1010 IRA SMITH ROAD
GREENVILLE, FL 32331 US

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.

SIGNATURE: AULEY ROWELL

04/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KNOWLES, HORACE
Address: 8985 ALTON WENTWORTH RD
City-St-Zip: SHADY GOVE, FL 32357

Title: D () Delete
Name: ROWELL, AULEY
Address: 4205 IRA SMITH RD
City-St-Zip: SHADY GROVE, FL 32357

Title: D () Delete
Name: SEVER, BERT
Address: RT 1, BOX 16-A
City-St-Zip: LAMONT, FL 32336

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYLE ROWELL

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04/05/2007

Electronic Signature of Signing Officer or Director

Date