

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90053 007 ****61.25

DOCUMENT # N96000002234					
1. Entity Name PLEASANT GROVE MISSIONARY BAPTIST CHURCH, INC.					
Principal Place of Business 11712 COUNTY ROAD 239 OXFORD, FL 34484			Mailing Address 11712 COUNTY ROAD 239 OXFORD, FL 34484		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03012005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2246795	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, TIM 11712 COUNTY ROAD 239 OXFORD, FL 34484			7. Name and Address of New Registered Agent Name <u>JERRY Purcell</u> Street Address (P.O. Box Number is Not Acceptable) <u>10873 CR 475 North</u> City <u>OXford</u> FL Zip Code <u>34484</u>		
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 <u>[Signature]</u> Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE <u>4/7/05</u>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	T MARTIN, CRAIG 11712 CR 239 OXFORD, FL 34484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JIM Hubbard 11712 CR 239 OXford, FL 34484	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SMITH, GWEN A 1591 E C466 OXFORD, FL 34484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JERRY Purcell 10873 CR 475 North OXford, FL 34484	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, CHRIS 5107 CR 163 WILDWOOD, FL 34785	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, DARREL 11712 COUNTY ROAD 239 OXFORD, FL 34484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, TIM 11712 CR 239 OXFORD, FL 34484	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, ANDY 11901 N CR 475 OXFORD, FL 34484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>4/7/05</u> Daytime Phone #		