2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State
07-11-2006 90022 047 ****61.25

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1. Entity Name
PLEASANT GROVE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
11712 COUNTY ROAD 239 OXFORD, FL 34484	11712 COUNTY ROAD 239 OXFORD, FL 34484

07022006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2246795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PURCELL, JERRY 10873 CR 475 NORTH OXFORD, FL 34484	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

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	TREASURE GWEN N. SMITH 1591 EC466 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	CLERK FRANK TEACHOUT 1028 GOLDEN GROVE DR. THE VILLAGES, FL. 32162	☐ 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	TRUSTEE JOHN SHAW 5072 SE Hwy 42 SUMMERFIELD, FL. 34491	☐ 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	T JERRY PURCELL 10873 CR 475 NORTH OXFORD, FL. 34484	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUBBARD, JIM 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 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: Gwen N. Smith, Treasurer 7-3-06 352-748-0074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #