2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90091 033 ****61.25

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

40033392

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

02192007 No Chg-NP CR2E037 (4/06)

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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

PURCELL, JERRY
10873 CR 475 NORTH
OXFORD, FL 34484

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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 May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	MARTIN, CRAIG
STREET ADDRESS	11712 CR 239
CITY-ST-ZIP	OXFORD, FL 34484
TITLE	T
NAME	BROWN, CHRIS
STREET ADDRESS	5107 CR 163
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	T
NAME	MARTIN, DARREL
STREET ADDRESS	11712 COUNTY ROAD 239
CITY-ST-ZIP	OXFORD, FL 34484
TITLE	PD
NAME	HUBBARD, JIM
STREET ADDRESS	11712 CR 239
CITY-ST-ZIP	OXFORD, FL 34484
TITLE	TREASURER
NAME	GWEN N. SMITH
STREET ADDRESS	1591 EC 466
CITY-ST-ZIP	OXFORD, FL 34484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Treas 3-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #