2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90488 028 ****61.25

100303?3

DOCUMENT # N96000002234

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

☐ CHECK HERE IF MAKING CHANGES

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

CLAYPOOL, JOHN C
11712 COUNTY ROAD 239
OXFORD FL 34484

7. Name and Address of New Registered Agent

Name: TIM THOMPSON
Street Address (P.O. Box Number is Not Acceptable): 11712 CR 239
City: Oxford **FL** Zip Code: 34484

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: Tim Thompson DATE: 2/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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	PD CLAYPOOL, JOHN C 11712 CR 239 OXFORD FL 34484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TIM THOMPSON 11712 CR 239 Oxford, FL 34484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NICHOLS, RUTH 11901 NC 475 OXFORD FL 34484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILTON, T.C. 11712 COUNTY ROAD 239 OXFORD FL 34484	☐ 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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Andy Nichols 11961 N CR 475 Oxford, FL 34484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CRAIG MARTIN 11712 CR 239 Oxford, FL 34484	☐ Change ☒ Addition

CR2E037 (10/02)

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: Ruth M. Nichols RUTH M. NICHOLS 2/20/03 352-330-0799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #