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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16501

1. Corporation Name

MOUNT PLEASANT MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

11591 S.W. 220 ST.
GOULDS FL 33170

Mailing Address

11591 S.W. 220 ST.
GOULDS FL 33170



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/22/1986

4. FEI Number

59-2131540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WISE, J.C.,
11591 S.W. 220 ST.
GOULDS FL 33170

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME WISE, JAMES C.
STREET ADDRESS 11515 S.W. 220 ST.
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME BROWN, COSTELLO
STREET ADDRESS 11800 S.W. 185 ST.
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE D
NAME JONES, BENJAMIN A.
STREET ADDRESS 14800 PIERCE ST.
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME POOLE, WILLIE MAE
STREET ADDRESS 11520 S.W. 139 TERR.
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME GASTON, LEOTTA
STREET ADDRESS 13720 SW 149 CIR LANE
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE DS
NAME POPE, WINIFRED Z.
STREET ADDRESS 11730 S.W. 220 ST.
CITY-ST-ZIP GOULDS FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME PITTMAN, RUFUS
2.3 STREET ADDRESS 8590 S. W. 212 St. #212
2.4 CITY-ST-ZIP Miami, FL 33189

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME AKINS, DAISY
5.3 STREET ADDRESS 11230 S. W. 175 St.
5.4 CITY-ST-ZIP Miami, FL 33157

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99

305 253-2905

Date

Daytime Phone #

CR2E037 (11/98)