


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Mar 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # N16501					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2131540	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WISE, J.C., 11591 S.W. 220 ST. GOULDS FL 33170			7. Name and Address of New Registered Agent		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	WISE, JAMES C.		NAME		
STREET ADDRESS	11515 S.W. 220 ST.		STREET ADDRESS	000000462885	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	03/21/06-80054-011 61.25	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	CROCKAM, JAMES		NAME		
STREET ADDRESS	10780 SW 220TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33170		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	AKINS, DAISY		NAME		
STREET ADDRESS	18801 SW 110 CT APTL517		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	POOLE, WILLIE MAE		NAME		
STREET ADDRESS	11520 S.W. 139 TERR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	WALTER, YVONNE		NAME		
STREET ADDRESS	19800 S.W. 103CT. #107		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33187		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	POPE, WINIFRED Z.		NAME		
STREET ADDRESS	11730 S.W. 220 ST.		STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.