


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N16501 1. Entity Name MOUNT PLEASANT MISSIONARY BAPTIST CHURCH, INC.	
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Principal Place of Business 11591 S.W. 220 ST. GOULDS FL 33170	Mailing Address 11591 S.W. 220 ST. GOULDS FL 33170
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 59-2131540	Applied For <input type="checkbox"/> Not Applicable
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 <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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8. The above named entry 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 is not required when changing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DC	
NAME	WISE, JAMES C.	
STREET ADDRESS	11515 S.W. 220 ST.	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROCKAM, JAMES	
STREET ADDRESS	10780 SW 220TH STREET	
CITY- ST- ZIP	MIAMI FL 33170	
TITLE	D	<input type="checkbox"/> Delete
NAME	AKINS, DAISY	
STREET ADDRESS	19801 SW 110 CT APTL517	
CITY- ST- ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	POOLE, WILLIE MAE	
STREET ADDRESS	11520 S.W. 139 TERR.	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTER, YVONNE	
STREET ADDRESS	19800 S.W. 103CT. #107	
CITY- ST- ZIP	MIAMI FL 33187	
TITLE	DS	<input type="checkbox"/> Delete
NAME	POPE, WINIFRED Z.	
STREET ADDRESS	11730 S.W. 220 ST.	
CITY- ST- ZIP	GOULDS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS	000000866395	
CITY- ST- ZIP	04/08/08-80028-003 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

SIGNATURE: *Dr. James C. Wise*

03/19/08