

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714174

Entity Name: PLEASANT VIEW BAPTIST CHURCH, INC., APOPKA**Current Principal Place of Business:**1202 SOUTH CENTRAL AVENUE
APOPKA, FL 32703**Current Mailing Address:**1202 SOUTH CENTRAL AVENUE
APOPKA, FL 32703**FEI Number:** 59-3133323**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATSON, WILLIE J
6431 LAKEVILLE RD.
ORLANDO, FL 32818 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD	Title	ADMINISTRATIVE ASSISTANT
Name	WATSON, WILLIE J. DEACON	Name	WOODS, SHIRLEY R MRS.
Address	6431 LAKEVILLE RD	Address	1540 S. HIGHLAND AVE
City-State-Zip:	ORLANDO FL 32818	City-State-Zip:	APOPKA, FL FL 32703
Title	D	Title	TRUSTEE, TREASURER
Name	POLLARD, MARSHALL DEACON	Name	HUGHLEY, LORENZO
Address	129 WEST 19TH STREET	Address	147 W. 19TH STREET
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	APOPKA, FL FL 32703
Title	CC	Title	TRUSTEE PRESIDENT
Name	SOUTHERLAND, KATHERANN	Name	OWENS, TREVOR SR.
Address	536 CONURE ST.	Address	567 BIRCH CT.
City-State-Zip:	APOPKA FL 32712	City-State-Zip:	APOPKA FL 32703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY R. WOODS**ADMINISTRATIVE
ASSISTANT****02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date