

2017 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
Name	WATSON, WILLIE J. DEACON
Address	6431 LAKEVILLE RD
City-State-Zip:	ORLANDO FL 32818

Title	ADMINISTRATIVE ASSISTANT
Name	WOODS, SHIRLEY R MRS.
Address	1540 S. HIGHLAND AVE
City-State-Zip:	APOPKA, FL FL 32703

Title	D
Name	POLLARD, MARSHALL DEACON
Address	129 WEST 19TH STREET
City-State-Zip:	APOPKA FL 32703

Title	TRUSTEE, TREASURER
Name	HUGHLEY, LORENZO
Address	147 W. 19TH STREET
City-State-Zip:	APOPKA, FL FL 32703

Title	CC
Name	SOUTHERLAND, KATHERANN
Address	536 CONURE ST.
City-State-Zip:	APOPKA FL 32712

Title	TRUSTEE PRESIDENT
Name	OWENS, TREVOR SR.
Address	567 BIRCH CT.
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****01/17/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date