

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002735

Entity Name: PLEASANT GROVE OUTREACH MISSION CORP.**Current Principal Place of Business:**11494 OAKBANK CT
JACKSONVILLE, FL 32218**Current Mailing Address:**11494 OAKBANK CT
JACKSONVILLE, FL 32218 US**FEI Number: 51-0456273****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SIMMONS-COLEMAN, LASHAWN
12450 BISCAYNE BLVD
#818
JACKSONVILLE, FL 32218 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:** LASHAWN SIMMONS-COLEMAN**05/01/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name HALL, EDWARD W
Address 3123 CLYDE DR
City-State-Zip: JACKSONVILLE FL 32208

Title ASST. TREASURER
Name COLEMAN, FRANK D
Address 12450 BISCAYNE BLVD
#818
City-State-Zip: JACKSONVILLE FL 32218

Title EXECUTIVE DIRECTOR
Name HALL, LAMAR
Address 11494 OAKBANK CT
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR
Name GATES, HENRY
Address 11494 OAKBANK COURT
City-State-Zip: JACKSONVILLE FL 32218

Title SECRETARY
Name SIMMONS, LASHAWN
Address 12450 BISCAYNE BLVD
818
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR
Name JOHNSON, ALFRED
Address PO BOX 12074
City-State-Zip: JACKSONVILLE FL 32209

Title TREASURER
Name SCOTT, CORA
Address 6806 RHODE ISLAND ROAD EAST
City-State-Zip: JACKSONVILLE FL 32209

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: LASHAWN SIMMONS**SECRETARY****05/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date