

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002735

**Entity Name:** PLEASANT GROVE OUTREACH MISSION CORP.

**Current Principal Place of Business:**

11339 FORESTDALE ROAD  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

11339 FORESTDALE RD  
JACKSONVILLE, FL 32218 US

**FEI Number:** 51-0456273

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SIMMONS-COLEMAN, LASHAWN  
11339 FORESTDALE RD  
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

04/25/2017

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 SECRETARY  
Name SIMMONS, LASHAWN  
Address 11339 FORESTDALE RD  
City-State-Zip: JACKSONVILLE FL 32218

Title TREASURER  
Name COLEMAN, FRANK D  
Address 11339 FORESTDALE RD  
City-State-Zip: JACKSONVILLE FL 32218

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

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

*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-COLEMAN

**SECRETARY**

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date