2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11000000281

Entity Name: MT. PLEASANT UNITED METHODIST CHURCH INC.

FILED Apr 08, 2020 Secretary of State 8143544859CR

Date

Current Principal Place of Business:

630 NW 2ND ST

GAINESVILLE, FL 32601

Current Mailing Address:

630 NW 2ND STREET

GAINESVILLE. FL 32601 US

FEI Number: 59-3667326 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FRAZIER, MICHAEL A SR. 630 NW 2ND ST GAINESVILLE, FL 32601 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: MICHAEL A. FRAZIER. SR. 04/08/2020

Electronic Signature of Registered Agent

Licetion of Granter of Registered Agent

Officer/Director Detail:

Title REV. Title TREASURER

NameFRAZIER, MICHAEL A SR.NameMCKINLEY, MARGARET MSAddress630 NW 2ND STAddress13643 SW 164TH TERRACE

City-State-Zip: GAINESVILLE FL 32601 City-State-Zip: ARCHER FL 32618

Title FINANCE SECRETARY Title TRUSTEE

NameSAUNDERS, LARRY MR.NameADAMS, WILLIE JR MR.Address821 NW 7TH AVENUEAddress14710 SE 47TH AVENUECity-State-Zip:GAINESVILLE FL 32601City-State-Zip:HAWTHORNE FL 32640

Title TRUSTEE Title STEWARDSHIP

Name BYRD, SAM MR. Name WASHINGTON, GEORGE MR.

Address 14717 NW 193RD ST Address 3304 NW 46TH PLACE

City-State-Zip: ALACHUA FL 32615 City-State-Zip: GAINESVILLE FL 32605

Title FINANCE CHAIR

Name CAMPBELL, JAMES, JR MR Address 3531 NW 41ST TERRACE

City-State-Zip: GAINESVILLE FL 32606

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: MICHAEL A. FRAZIER, SR.

PASTOR

04/08/2020

Electronic Signature of Signing Officer/Director Detail

Date