

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001637

Entity Name: MT. PLEASANT MINISTRIES OF CAPPs, INCORPORATED

Current Principal Place of Business:

9472 SOUTH JEFFERSON STREET
U.S. HIGHWAY 19 SOUTH
CAPPs, FL 32344

Current Mailing Address:

PO BOX 805
MONTICELLO, FL 32344

FEI Number: 59-3667490

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HOWARD, CARRIE MPH.D
73 HICKS ROAD
LAMONT, FL 32336-7242 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 SMITH, CHARLES SR.
Address 8175 ELYSIAN WAY
City-State-Zip: TALLAHASSEE FL 32311

Title D
Name HOWARD, CARRIE MDR.
Address 73 HICKS ROAD
City-State-Zip: LAMONT FL 32336

Title D
Name BENNETT, PATTIE
Address 333 SO. SALT ROAD
City-State-Zip: MONTICELLO FL 32344

Title TD
Name BENNETT, TOMMY
Address 333 SO. SALT ROAD
City-State-Zip: MONTICELLO FL 32344

Title TD
Name GARMON, OTIS
Address 35 ALEXANDER ROAD
City-State-Zip: LAMONT FL 32336

Title D
Name GARMON, SOPHIA
Address 35 ALEXANDER ROAD
City-State-Zip: LAMONT FL 32336

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: DR. CARRIE . HOWARD

REGISTER AGENT

03/04/2016

Electronic Signature of Signing Officer/Director Detail

Date