

**2014 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:** APPLIED FOR**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 M. HOWARD**REGISTER AGENT****02/19/2014**

Electronic Signature of Signing Officer/Director Detail

Date