

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 703389**

1. Entity Name  
**PLEASANT HEIGHT BAPTIST CHURCH INC OF RIVIERA  
BEACH FLORIDA**



Principal Place of Business  
**1297 WEST 34TH STREET  
RIVIERA BEACH, FL 33404**

Mailing Address  
**1297 WEST 34TH STREET  
RIVIERA BEACH, FL 33404**



01132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2572882</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**d. Name and Address of Current Registered Agent**

**COLEMAN, EDITH, MRS.  
1215 N. TAMARIND AVE.  
W. PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000183598  
01/19/05-80070-019 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTER, GARY V 1460 13TH ST W PALM BEACH FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLEASANT, MARGARET 1172 W 37TH ST RIVER BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, WILLIE 1333 W 36TH ST RIVIERA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKS, RALPH 1248 W 33RD ST RIVIERA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, ROBERT 1380 W. 33TH ST. RIVIERA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Gary V. Porter, Chairman, Trustees* 1/13/05 (561) 848-2215