

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2007 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**



07162007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2572882**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. 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 September 14, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PORTER, GARY V  
STREET ADDRESS 1460 13TH ST  
CITY-ST-ZIP W PALM BEACH FL,

TITLE V  
NAME PLEASANT, MARGARET  
STREET ADDRESS 1172 W 37TH ST  
CITY-ST-ZIP RIVER BEACH, FL 33404

TITLE D  
NAME HARRIS, WILLIE  
STREET ADDRESS 1333 W 36TH ST  
CITY-ST-ZIP RIVIERA BEACH, FL

TITLE T  
NAME PARKS, RALPH  
STREET ADDRESS 1248 W 33RD ST  
CITY-ST-ZIP RIVIERA BEACH, FL

TITLE D  
NAME JACKSON, ROBERT  
STREET ADDRESS 1380 W. 33TH ST.  
CITY-ST-ZIP RIVIERA BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000771045  
08/01/07-80002-016 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Gary V. Porter, Chairman of Trustees* 7/24/07 561-848-2275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #