


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90320 001 \*\*\*\*61.25  
 05-02-2007 90320 002 \*\*\*\*\*8.75

**DOCUMENT # 705011**

1. Entity Name  
**PLEASANT GROVE ASSEMBLY OF GOD CHURCH AND CAMP GROUNDS, INC.**



Principal Place of Business  
**7501 TURKEY CREEK RD.  
 PLANT CITY, FL 33567-3011 US**

Mailing Address  
**7051 TURKEY CREEK RD.  
 PO BOX 278  
 DURANT, FL 33530-0278 US**

**66012702**



2. Principal Place of Business - No P.O. Box #  
**7051 TURKEY CREEK RD.**

3. Mailing Address  
 Suite, Apt. #, etc.  
**PO BOX 278**

City & State  
**PLANT CITY, FL**

City & State  
**DURANT, FL**

Zip  
**33567-3011**

Zip  
**33530-0278**

6. Name and Address of Current Registered Agent  
**POWELL, LARRY M  
 7050 S TURKEY CREEK  
 PLANT CITY, FL 33567**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PDC NAME POWELL, LARRY M STREET ADDRESS 7050 S TURKEY CREEK RD CITY-ST-ZIP PLANT CITY, FL 33567	<input type="checkbox"/> Delete	TITLE D NAME HOLT, ANTHONY SR. STREET ADDRESS 6145 DURANT RD CITY-ST-ZIP DOVER, FL 33527	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME FRIER, WALLACE SR STREET ADDRESS 538 N DOVER ROAD CITY-ST-ZIP DOVER, FL 33527	<input type="checkbox"/> Delete	TITLE D NAME MOON, WALTER STREET ADDRESS 6623 PLEASANT GROVE TRL CITY-ST-ZIP PLANT CITY, FL 33567	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BOWDOIN, JERRY STREET ADDRESS 6707 PLEASANT GROVE TRL. CITY-ST-ZIP PLANT CITY, FL 33567	<input type="checkbox"/> Delete <b>OK</b>	TITLE <del>D</del> NAME <del>BOWDOIN, JERRY</del> STREET ADDRESS <del>6707 PLEASANT GROVE TRL</del> CITY-ST-ZIP <del>PLANT CITY, FL 33567</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BLOUNT, KEITH STREET ADDRESS 705 HIDDEN LAKE DR CITY-ST-ZIP BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE D NAME KLEE, DAVID STREET ADDRESS 6311 YUKON RD CITY-ST-ZIP DOVER, FL 33527	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME YATES, DEREK STREET ADDRESS 6319 YUKON ROAD CITY-ST-ZIP DURANT, FL 33530	<input type="checkbox"/> Delete	TITLE SD NAME YATES, DEREK STREET ADDRESS 6319 YUKON RD. CITY-ST-ZIP DOVER, FL 33527	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WILSON, RON STREET ADDRESS 8712 S. TURKEY CREEK ROAD CITY-ST-ZIP PLANT CITY, FL 33567	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Larry M Powell **LARRY M. POWELL** 4/30/2007 813-737-1012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #