


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 707681 1. Entity Name MOUNT RAYMOND BAPTIST CHURCH, INC.	
---	---

Principal Place of Business 2410 4TH AVENUE E. P.O. BOX 1272 PALMETTO, FL 34221-2745	Mailing Address 2410 4TH AVENUE E. P.O. BOX 1272 PALMETTO, FL 34221-2745
---	---

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2434048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POLLARD, DOCK JR. 1492 17TH ST. W. PALMETTO, FL 33581
--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C POLLARD, DOCK REV., JR. 1492 17TH ST. W. PALMETTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YAWN, JOHNNY DEA. 1807 1ST AVENUE EAST PALMETTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAM, FRANCIS DEA. 2804 2ND AVENUE EAST PALMETTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD GREEN, CLARENCE DEA. 308 21ST STREET WEST PALMETTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BENNETT, JOE DEA. 512 21ST ST. E. PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RANDOLPH, OSCAR DEA. 1903 5TH AVENUE WEST PALMETTO, FL

DO NOT WRITE
IN THIS SPACE

U00000534810
05/08/06-80026-014 61.25

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: 	4/22/06	941-723-7819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		