

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714174

FILED
Feb 05, 2008
Secretary of State

Entity Name: PLEASANT VIEW BAPTIST CHURCH, INC., APOPKA

Current Principal Place of Business:

1202 SOUTH CENTRAL AVENUE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1202 SOUTH CENTRAL AVENUE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3133323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, MALACHI
1540 S. HIGHLAND AVE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOODS, MALACHI DEACON
Address: 1540 S. HIGHLAND AVE
City-St-Zip: APOPKA, FL 32703

Title: S () Delete
Name: WOODS, SHIRLEY R MRS
Address: 1540 S. HIGHLAND AVE
City-St-Zip: APOPKA, FL, FL 32703

Title: D () Delete
Name: WATSON, WILLIE J MR.
Address: 6431 LAKEVILLE RD.
City-St-Zip: ORLANDO, FL 32818

Title: T () Delete
Name: HIGHTOWER, EMSEY DEACON
Address: 134 E 15TH ST
City-St-Zip: APOPKA, FL, FL 32703

Title: CC () Delete
Name: BOLDEN, MILDRED MRS
Address: 1428 S. OLD APOPKA RD
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: HUGHLEY, LORENZO MR
Address: 147 W 19TH ST.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WATSON, WILLIE J DEACON
Address: 6431 LAKEVILLE RD.
City-St-Zip: ORLANDO, FL 32818

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHIRLEY R. WOODS

S

02/05/2008

Electronic Signature of Signing Officer or Director

Date