

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 718798 (2)**

1. Corporation Name

**MOUNT PILGRIM PRIMITIVE BAPTIST CHURCH, INC., OF  
BRADENTON, FLORIDA**



Principal Place of Business

**126 9TH AVE WEST  
BRADENTON FL 34205-8831**

Mailing Address

**126 9TH AVE WEST  
BRADENTON FL 34205-8831**

3. Date Incorporated or Qualified  
**07/08/1970**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**05-0022202**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PICKNEY, ELIJAH  
1209 11TH AVENUE EAST  
BRADENTON FL 33508**

81 Name

**Charlie Rawls**

82 Street Address (P.O. Box Number is Not Acceptable)

**1106 16th St W**

83

84 City

**Bradenton**

FL

85 Zip Code

**34205**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

**Charlie Rawls**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-28-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE  
NAME **RAWLS, CHARLIES**  
STREET ADDRESS **1106 6TH ST W**  
CITY - ST - ZIP **BRADENTON FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **TD** ☒ DELETE  
NAME **PATTERSON, E V**  
STREET ADDRESS **2311 18TH ST E**  
CITY - ST - ZIP **BRADENTON FL**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **Genwa E. Farnum**  
2.3 STREET ADDRESS **2829 Leon av**  
2.4 CITY - ST - ZIP **Sarasota, FL**

TITLE **VD** ☐ DELETE  
NAME **SIMPKINS, LEROY**  
STREET ADDRESS **1212 8TH ST E**  
CITY - ST - ZIP **BRADENTON FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **ALLEN, CEASER**  
STREET ADDRESS **520 12TH ST DRIVE**  
CITY - ST - ZIP **PALMETTO FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE **PD** ☒ DELETE  
NAME **PICKNEY, ELIJAH**  
STREET ADDRESS **1209 11TH AVENUE**  
CITY - ST - ZIP **BRADENTON FL**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **Robert Williams**  
5.3 STREET ADDRESS **1502 17th St. E**  
5.4 CITY - ST - ZIP **Bradenton FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Charlie Rawls*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-96 747-4363**  
Date Daytime Phone #

CR2E037 (12/95)