


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 734115</b> 1. Entity Name <b>MOUNT PLEASANT PRIMITIVE BAPTIST CHURCH OF FORT MEADE, INC.</b>		
Principal Place of Business <b>P.O. BOX 246 125 SOUTH WEST 7TH STREET FT. MEADE, FL 33841</b>	Mailing Address <b>P.O. BOX 246 125 SOUTH WEST 7TH STREET FT. MEADE, FL 33841</b>	
<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>		
6. Name and Address of Current Registered Agent  <b>ASH, DAVID JR. 402 JUMPER DRIVE P.O. BOX 1888 BUSHNELL, FL 33513</b>		
<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD HUDNELL, PEGGY J 716 SOUTH FRENCH AVENUE FT. MEADE, FL 33841</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ACD ASH, ELIZABETH 201 SOUTH WEST 7TH STREET FT. MEADE, FL 33841</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TC ASH, DAVID JR. 8108 JAD DRIVE TAMPA, FL 336196532</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.		
<div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b> <u>David Ash Jr.</u>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="text-align: right;"> <u>February 2, 2005</u>  <small>Date</small> </div> </div>		



02022005 No Chg-NP CR2E037 (10/03)

4. FCI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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02/10/05-80011-007 70.00