2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT #734115** 07 MAR 21 PM 3: 03 MOUNT PLEASANT PRIMITIVE BAPTIST CHURCH OF FORT MEADE, INC. LULLIANT OF STATE TALLAJIJASSEE, FLORIÐA Principal Place of Business Mailing Address P.O. 80X 246 P.O. BOX 246 125 SOUTH WEST 7TH STREET 125 SOUTH WEST 7TH STREET FT. MEADE, FL 33841 FT. MEADE, FL 33841 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 03012007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zio Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ASH, DAVID JR. Street Address (P.O. Box Number is Not Acceptable) **402 JUMPER DRIVE** P.O. BOX 1888 BUSHNELL, FL 33513 City Zlp 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 Signature, typed or printed name of registered agent and title I applicable. (NOTE: Registered Agent algorithm required when reimpoling) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE ☐ Change ■ Addition **HUDNELL, PEGGY J** NAME 716 SOUTH FRENCH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT, MEADE, FL 33841 CITY-ST-ZIP TILE ACD D-Delete ☐ Change Addition ASH, ELIZABETH DAME MAME bouth warren STREET ADDRESS 201 SOUTH WEST 7TH STREET STREET ADDRESS CITY-ST-ZIP FT. MEADE, FL 33841 CITY- ST-789 Oelete TITLE ☐ Change TITLE T Addition ASH, DAVID JR. NAME 8108 JAD DRIVE STREET ADDRESS STREET ACCRESS TAMPA, FL 338198532 CATY-ST-ZIP CTTY-5T-22P TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-70 CITY-ST-70 TITLE ☐ Delete TINE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-72 ☐ Deleta ☐ Addition TIFLE TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZDP 12. Thereby 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 suppliemental 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 compretion or the progressor or instead-engowered 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 apparathment with peraddress, with all other like engagement.

03-21-2007 90026 011 *****61.24