2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jul 14, 2004 8:00 am **Secretary of State DOCUMENT #751950** 02-26-2004 90026 012 ****61.25 MT. PILGRIM MISSIONARY BAPTIST CHURCH OF ST. PETERSBURG, FLORIDA, INC. Principal Place of Business Mailing Address 4000 5TH AVE S 4000 5TH AVE S DUZEGOTO ST. PETERSBURG, FL 33711 US ST. PETERSBURG, FL 33711 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072004 Cha-NP CR2E037 (10/03) 4. FEI Number 59-2344334 City & State City & State Applied For Not Applicable Zip Country Zip 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 WEBB, JR., HENRY 3801 38TH STREET SOUTH ST. PETERSBURG, FL. 33711 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. 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. P. RANdolph Oliver 33705 Delete TITLE Addition TITLE NESBITT, NAOMI NAME 2180 KIPPS COLONY STREET ADORESS STREET ADDRESS St Pete 7/a CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG, FL 33707 Delete TITLE ☐ Change Addition TITLE Iula Mae Wilson WEBB, HENRY JR. NAME NAME 2011 68th Avenue South 3801 38TH ST. S. STREET ADDRESS STREET ADDRESS St. Petersburg, Florida 33712. CITY-ST-ZIP ST-PETERSBURG, FL 00000. D Delete TITLE Change TITLE Mary J. Callier JONES, ROSA NAME NAME 1725-26th AVENUE SOUTH ST. Petersburg, Florida 33712 STREET ADDRESS STREET ADDRESS 981 26TH AVE SO SAINT PETERSBURG, FL 33705 CITY-ST-ZIP CITY-ST-ZIP TITLE NESBITT, JESSE L NAME NAME STREET ADDRESS 2810 KIPPS COLONY DR STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33707 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: July Mae Wilson Lula Mae Wilson 07/09/04 727-867-9630

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.