

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90054 029 \*\*\*\*61.25

DOCUMENT # 765867					
1. Entity Name MT. PISGAH A.M.E. CHURCH OF LAKE CITY, FLORIDA, INC.					
Principal Place of Business 345 NE WASHINGTON STREET LAKE CITY, FL 32055 US		Mailing Address P.O. BOX 3153 LAKE CITY, FL 32056			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3025839	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIAMS, LOUIS, JR. 1493 BROADWAY STREET LAKE CITY, FL 32055			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLE, VICTOR D	NAME			
STREET ADDRESS	ROUTE 22, BOX 2334	STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY, FL 32034	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MULDROW, GEORGIA A.	NAME			
STREET ADDRESS	272 DERBY STREET	STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY, FL	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RATLIFF, ANGELA	NAME	CD <i>James M. H. Jaye</i>		
STREET ADDRESS	1447 NW KAYNE PL., #112	STREET ADDRESS	<i>146 SE Nassau Ct</i>		
CITY-ST-ZIP	LAKE CITY, FL 32055	CITY-ST-ZIP	<i>LAKE CITY, FL</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
SIGNATURE: <i>[Signature]</i>		Date: <i>03-28-05</i>		Daytime Phone #: <i>386-623-4847</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					