2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# 768876

Entity Name: MOUNT PILGRIM MISSIONARY BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

411 E CHARLOTTE AVE
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510537
PUNTA GORDA, FL 339510537

New Mailing Address:

FEI Number: 59-2351625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROOKS, CARL F
230 GARVIN STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P/D	( ) Delete
Name:	BROOKS, CARL F	
Address:	230 GARVIN ST.	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	VP/D	( ) Delete
Name:	JENKINS, T.W.	
Address:	815 BLUEGRASS LANE	
City-St-Zip:	BRANDON, FL 33510	
Title:	D	( ) Delete
Name:	PHILLIPS, ALBERT L SR	
Address:	1707 TARPON AVE	
City-St-Zip:	SARASOTA, FL 34234	
Title:	T	( ) Delete
Name:	WILLIAMS, EDRIS S	
Address:	3233 WOODTHRUSH 12-C	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	S	( ) Delete
Name:	WASHINGTON, MELODY	
Address:	427 E. HENRY ST.	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	M	( ) Delete
Name:	BECKOM, WILLIE	
Address:	109 WOODINGHAM DR	
City-St-Zip:	VENICE, FL 34292	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELODY WASHINGTON S 04/17/2008

Electronic Signature of Signing Officer or Director — Date