2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N00000004997

Entity Name: MOUNT PLEASANT MISSIONARY BAPTIST CHURCH OF OLDSMAR, INC.

Current Principal Place of Business:

3901 TAMPA RD.
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 586
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3696458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, ANNA
8202 PENNYWELL PL.
TAMPA, FL 33615

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:	PD	( ) Delete
Name:	GREEN, ROBERT M	
Address:	10901 AIRVIEW DR.	
City-St-Zip:	TAMPA, FL 33625	
Title:	VD	( ) Delete
Name:	HAYES, LORENZO	
Address:	110 DOUGLAS RD.	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	SD	( ) Delete
Name:	LEE, ANNA	
Address:	8202 PENNYWELL PL.	
City-St-Zip:	TAMPA, FL 33615	
Title:	SD	( ) Delete
Name:	KING, MERRIAN	
Address:	11150 4TH ST. N #3703	
City-St-Zip:	SAINT PETERSBURG, FL 33716	
Title:	D	( ) Delete
Name:	GREEN, JOANN	
Address:	10910 AIRVIEW DR.	
City-St-Zip:	TAMPA, FL 33625	
Title:	D	( ) Delete
Name:	BENJAMIN, DORIS	
Address:	9217 ROUNDWOOD CT	
City-St-Zip:	TAMPA, FL 33615	

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 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 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: ROBERT M. GREEN REV 04/30/2004
Electronic Signature of Signing Officer or Director — Date