

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004997	
1. Entity Name MOUNT PLEASANT MISSIONARY BAPTIST CHURCH OF OLDSMAR, INC.	

Principal Place of Business 3901 TAMPA RD. OLDSMAR, FL 34677	Mailing Address P. O. BOX 586 OLDSMAR, FL 34677
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03302006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3696458	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEE, ANNA 8202 PENNYWELL PL. TAMPA, FL 33615

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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 if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, ROBERT M 10901 AIRVIEW DR. TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYES, LORENZO 110 DOUGLAS RD. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEE, ANNA 8202 PENNYWELL PL. TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, MERRIAN 11150 4TH ST. N #3703 SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, JOANN 10910 AIRVIEW DR. TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, DORIS 9217 ROUNDWOOD CT TAMPA, FL 33615

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12. I hereby 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 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: <u>Robert M. Green</u> Robert M. Green Pastor (813) 685-6877	Date _____
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