

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 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**



04272008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**KING, MERRIAN  
1325 S MADISON AVENUE  
CLEARWATER, FL 33756**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GREEN, ROBERT M
STREET ADDRESS	10901 AIRVIEW DR.
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	VD
NAME	THORNE, MICHAEL
STREET ADDRESS	436 LAFAYETTE BLVD
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	SD
NAME	KING, MERRIAN
STREET ADDRESS	1325 S MADISON AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	GREEN, JOANN
STREET ADDRESS	10910 AIRVIEW DRIVE
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	D
NAME	BENJAMIN, DORIS
STREET ADDRESS	9217 ROUNDWOOD CT
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000937785  
05/27/08-80065-002 61.25

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:**

*Robert M. Green*  
**Robert M. Green**

*4/27/08*  
**4/27/08**

*813-960-3845*  
**813-960-3845**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #