

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/1:

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90051 014 \*\*\*\*61.25

**DOCUMENT # N00000005971**

1. Entity Name

**NEW MOUNT PLEASANT MISSIONARY BAPTIST CHURCH INC**

Principal Place of Business

Mailing Address

7211 COUNTY RD 208  
 ST AUGUSTINE FL 32092

7211 COUNTY RD 208  
 ST AUGUSTINE FL 32092

30727



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3577341

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, ALEXANDER J**  
 7211 COUNTY RD 208  
 ST AUGUSTINE FL 32092

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENNILL, ALLEN C SR	
STREET ADDRESS	2 WHITTINGHAM LANE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRAWBRIDGE, ALMA	
STREET ADDRESS	7125 COUNTY RD 208	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHAW, RANDALL JR	
STREET ADDRESS	7144 COUNTY RD 208	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, JOE N	
STREET ADDRESS	7272 COUNTY RD 208	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOYD, WILLIAM	
STREET ADDRESS	227 HERBERT ST	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, RNADALL SR	
STREET ADDRESS	7274 COUNTY RD 208	
CITY-ST-ZIP	ST ALUTUSTINE FL 32092	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Proctor Dendra	
STREET ADDRESS	7125 County Rd	
CITY-ST-ZIP	St Augustine FL 32092	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pennill Allen C Sr	
STREET ADDRESS	2 Whittingham Lane	
CITY-ST-ZIP	Palm Coast, FL 32164	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CREEDY (10/00)

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:** *[Signature]* **REQUIRED** Pennill Sr. **2/7/01** 904 4462875  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #