

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90247 006 ****75.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3577341

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **S** Delete
 NAME **PROCTOR, DEDRA**
 STREET ADDRESS **7125 COUNTRY RD**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32092**

TITLE **T** Change Addition
 NAME **Teodoshia White**
 STREET ADDRESS **7272 County Rd. 208**
 CITY-ST-ZIP **St. Augustine FL 32092**

TITLE **C** Delete
 NAME **PENNILL, ALLAN C SR**
 STREET ADDRESS **2 WHITTING LANE**
 CITY-ST-ZIP **PALM COAST FL 32614**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SHAW, RANDALL JR**
 STREET ADDRESS **7144 COUNTY RD 208**
 CITY-ST-ZIP **ST AUGUSTINE FL 32092**

TITLE **D** Change Addition
 NAME **Shaw Randall Jr**
 STREET ADDRESS **7144 County R 208**
 CITY-ST-ZIP **St Augustine, FL 32092**

TITLE **D** Delete
 NAME **WHITE, JOE N**
 STREET ADDRESS **7272 COUNTY RD 208**
 CITY-ST-ZIP **ST AUGUSTINE FL 32092**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FLOYD, WILLIAM**
 STREET ADDRESS **227 HERBERT ST**
 CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SHAW, RNADALL SR**
 STREET ADDRESS **7274 COUNTY RD 208**
 CITY-ST-ZIP **ST AUTUSTINE FL 32092**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **William Pennill Sr.** 3/12/02 386-4462875
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)