2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N00000005971

1. Entity Name
NEW MOUNT PLEASANT MISSIONARY BAPTIST CHURCH INC.



Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90510 002 ****70.00

FILED

Principal Place of Business \$7211 COUNTY RD 208 \$7211 COUNTY RD 208 \$721 COUNTY RD 208 \$73 Addition \$73							~ <u>~</u>						
Suite, Apt. #. cic. Suite, Apt. #. cic. Suite, Apt. #. cic. O4192004 Chg-NP CR26037 (10/03) City & State City & State Applied for S9-3577341 Applied Applied S9-3577341 Applied for S9-3577341 Applied for S9-3577341 Applied for S9-3577341 Applied for S9-3577341 Applied Applie	7211 COUNTY RD. 208 721				211 COUNTY RD 208				86))) 83))) 83)) 88))	### ## ###############################		51 81 8 1 1 881	
City & State City & State Desired Respectively Respecti	2. Principal Place of Business 3. Mail				ailing Address								
Sp. 3577341 New Applicable Sp. 3577341	Suite, Apt.	#, etc.		Suite	uite, Apt. #, etc.			04192004	Chg-NP	CR2E037 ((10/03)		
S. Certificate of Status Desired S. Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Cit	City & Stat	le'.		City	City & State			50 0577044					
Name Name Street Address (P.O. Box Number is Not Acceptable)	Žip		Country	5 Certificate of Status Desired M									
Street Address (P.O. Box Number is Not Acceptable) 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 agent, or both, in the State of Forlida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2004 PERINGE, ALLAN C SR PENNILL, ALLAN C SR PENNILL, ALLAN C SR PENNILL, ALLAN C SR PENNILL, ALLAN C SR WHITTI, GHAM LANE PALM COAST, FL. 32164 WHITE, THEDOSHIA STREET ADDRESS OTY-ST-2P SAINT AUGUSTINE, FL. 32092 TILL D D Dedete TILL D Dedete WHITE, THEDOSHIA STREET ADDRESS OTY-ST-2P SAINT AUGUSTINE, FL. 32092 TILL D Dedete TILL D DEDET TILL D DED		6. Name a	nd Address of Current	Registered	Agent			7. Name and	Address of New	Registered Age	ent		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Symptoms, typed or printed name of registered agent and tilled it application. PACTE Registered Agent are under the measured when remitting DATE	WILLIAMS, ALEXANDER J 1526 22ND AVE. S.W.												
SIGNATURE Signature, typed or printed nerve of registered agent unit site of applications. (NOTE flegistered Agent agent agent) NOTE flegistered Agent agen				Cit	у			FL	Zip Code	9			
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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 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:

904-8271600 Daytime Phone #