


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT# N00000005971**

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



Principal Place of Business 7211 COUNTY RD. 208 ST AUGUSTINE, FL 32092	Mailing Address 7211 COUNTY RD 208 ST AUGUSTINE, FL 32092
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**DO NOT WRITE IN THIS SPACE**



04162006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3577341</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, ALEXANDER J**  
**1526 22ND AVE. S.W.**  
**VERO BEACH, FL 32962**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PENNILL, ALLAN C SR 2 WHITTINGHAM LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORD, MARY 7099 2ND ST SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, JOE 7272 COUNTY RD. 208 SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLOYD, WILLIAM 227 HERBERT ST. SAINT AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAW, RANDALL SR 7274 COUNTY RD. 208 SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FS LEWIS-SMITH, LORAIN 7099 THIRD ST. SAINT AUGUSTINE, FL 32092

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U00000519584  
 05/02/06-80053-009 70.00

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: *Allen C Pennill Sr.* **Allen C Pennill Sr.** 4-17-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #