


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90041 040 ****70.00

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		
2. Principal Place of Business - No P.O. Box #		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 <input checked="" type="checkbox"/>				CR2E037 (12/06)	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIAMS, ALEXANDER J 1526 22ND AVE. S.W. VERO BEACH, FL 32962			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PENNILL, ALLAN C SR		NAME		
STREET ADDRESS	2 WHITTINGHAM LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORD, MARY		NAME		
STREET ADDRESS	7099 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WHITE, JOE		NAME	<i>Sanks Harry</i>	
STREET ADDRESS	7272 COUNTY RD. 208		STREET ADDRESS	<i>170 Collier St</i>	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092		CITY-ST-ZIP	<i>St. Augustine, FL 32095</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLOYD, WILLIAM		NAME		
STREET ADDRESS	227 HERBERT ST.		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAW, RANDALL SR		NAME		
STREET ADDRESS	7274 COUNTY RD. 208		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092		CITY-ST-ZIP		
TITLE	FS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS-SMITH, LORAINE		NAME		
STREET ADDRESS	7099 THIRD ST.		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092		CITY-ST-ZIP		
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: <i>[Signature]</i>		<i>Allan Pennill et</i>		3/23/07 4462875	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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