2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005971

FILED Apr 26, 2009 Secretary of State

Entity Name: NEW MOUNT PLEASANT MISSIONARY BAPTIST CHURCH INC.

| urrent P | rincipal Place | of Business: | New Prince | New Principal Place of Business: | | |
|---|--|---|--|---|---|--|
| | INTY RD. 208 STINE, FL 320 | 92 | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| 211 COUNTY RD 208 ST AUGUSTINE, FL 32092 | | | | 7211 COUNTY RD. 208 ST AUGUSTINE, FL 32092 | | |
| El Number | : 59-3577341 | FEI Number Applied For() | FEI Number Not App | licable () | Certificate of Status Desired () | |
| lame and | d Address of C | urrent Registered Agent: | Name and | l Address o | of New Registered Agent: | |
| 526 22NI | S, ALEXANDER D AVE. S.W. ACH, FL 32962 | | | | | |
| | e named entity s e of Florida. | ubmits this statement for the p | ourpose of changing | its registere | ed office or registered agent, or both, | |
| SIGNATU | RE: | | | | | |
| | Electron | ic Signature of Registered Age | ent | | Date | |
| FFICER | S AND DIRECT | rors: | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | | |
| itle: ame: ddress: ity-St-Zip: | P () PENNILL, ALLAI 2 WHITTINGHAI PALM COAST, F | M LANE | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| itle: ame: ddress: ity-St-Zip: | D () FORD, MARY 7099 2ND ST SAINT AUGUSTI | Delete INE, FL 32092 | Title: Name: Address: City-St-Zip: | D FORD, MAI 7080 2ND S SAINT AUG | | |
| | | | | | | |
| itle: ame: ddress: ity-St-Zip: | D () SANKS, HARRY 170 COLLIER S SAINT AUGUSTI | Т | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| ame: ddress: | SANKS, HARRY 170 COLLIER S SAINT AUGUSTI | TINE, FL 32095 Delete M ST. | Name: Address: | | () Change () Addition () Change () Addition | |
| ame: ddress: ity-St-Zip: tle: ame: ddress: | SANKS, HARRY 170 COLLIER S SAINT AUGUSTI D () FLOYD, WILLIA 227 HERBERT S SAINT AUGUSTI | TINE, FL 32095 Delete M ST. INE, FL 32095 Delete L SR RD. 208 | Name: Address: City-St-Zip: Title: Name: Address: | | ., . | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN C.PENNILL P 04/26/2009