

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90015 031 ****61.25

DOCUMENT # N00000007453

1. Entity Name
NEW MT. PISGAH AME CHURCH, INC



Principal Place of Business
STEEL MILL ROAD & STATE ROAD 301
STARKE, FL 32091

Mailing Address
POST OFFICE BOX 854
STARKE, FL 32091

50064720



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08242005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3543026

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, SHERRY E
4494 SE 146TH TERR
STARKE, FL 32091

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-28-05

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing:
Trust Fund Contribution. ☐

\$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 D ☐ Delete
NAME DAMES, GLENN B JR REV.
STREET ADDRESS 6195 118TH ST
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE ☒ Change ☐ Addition
NAME 5563 Westland Station Road
STREET ADDRESS Jacksonville, Florida 32244
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HILL, SR, FRANK BRO
STREET ADDRESS 1250 EDWARDS RD
CITY-ST-ZIP STARKE, FL 32091

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME AARON, THOMAS BRO
STREET ADDRESS RT. 6, BOX 19
CITY-ST-ZIP STARKE, FL 32091

TITLE ☒ Change ☐ Addition
NAME P.O. Box 517
STREET ADDRESS Waldo, Florida 32496
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PETTEWAY, MILDRED SIS
STREET ADDRESS RT. 3, BOX 235
CITY-ST-ZIP STARKE, FL 32091

TITLE ☒ Change ☐ Addition
NAME 3416 SE 139th St.
STREET ADDRESS Starke, Florida 32091
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HUDSON, CLARANELL SIS
STREET ADDRESS RT. 6, BOX 55
CITY-ST-ZIP STARKE, FL 32091

TITLE ☒ Change ☐ Addition
NAME 4439 SE 143rd Terr.
STREET ADDRESS Starke, Florida 32091
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CANNON, ELNORA SIS
STREET ADDRESS RT. 6, BOX 150
CITY-ST-ZIP STARKE, FL 32091

TITLE ☒ Change ☐ Addition
NAME 1198 South Walnut St.
STREET ADDRESS Starke, Florida 32091
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/28/05

Date

9045739088

Daytime Phone #