


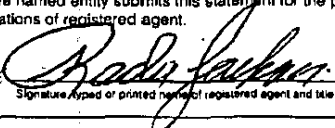
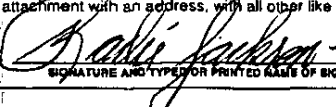
FILED
Jun 07, 2004 8:00 am
Secretary of State

05-10-2004 90479 042 ****70.00

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

66426823




DOCUMENT # N01000003863			
1. Entity Name MOUNT PLEASANT UNITED METHODIST CHURCH, INC.			
Principal Place of Business 2010 LINCLON AVENUE OPA LOCKA, FL 33054		Mailing Address 2010 LINCLON AVENUE OPA LOCKA, FL 33054	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1113187		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JACKSON, RADIE 15820 N W 41ST AVENUE OPA LOCKA, FL 33054		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 		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, RADIE	NAME	
STREET ADDRESS	15820 N W 41ST AVENUE	STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA, FL 33055	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, MARTHA	NAME	
STREET ADDRESS	18821 N W 42ND COURT	STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA, FL 33055	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, THEADORE	NAME	
STREET ADDRESS	10820 S W 143RD TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33076	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Beatrice Merritt
STREET ADDRESS		STREET ADDRESS	2901 N.W. 161st
CITY-ST-ZIP		CITY-ST-ZIP	Miami Gardens, FL-33054
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 		Date 6/1/04 305 987-1205	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment
Attachment B

DOCUMENT # N01000003863
 1. Entity Name
 MOUNT PLEASANT UNITED METHODIST CHURCH, INC.



Principal Place of Business: 2010 LINCOLN AVENUE, OPA LOCKA, FL 33054
 Mailing Address: 2010 LINCOLN AVENUE, OPA LOCKA, FL 33054

66426823

DO NOT WRITE IN THIS SPACE

02182004 No Chg-NP CR2E037 (10/03)

4. FEI Number: 65-1113187 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JACKSON, RADIE
 15820 N W 41ST AVENUE
 OPA LOCKA, FL 33054

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 releasing) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10 OFFICERS AND DIRECTORS

Filled out on line, not able to print.
Enclosed check for \$.