

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01262005 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 reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

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

000000222632
02/10/05-80009-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, RADIE 15820 N W 41ST AVENUE OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, MARTHA 18821 N W 42ND COURT OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVINGSTON, THEADORE 10820 S W 143RD TERRACE MIAMI, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MERRITT, BEATRICE 2901 NW 161 ST OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Radie Jackson* **Radie Jackson** **1/31/05** **305 987-1205**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #