


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N01000006754
 1. Entity Name
PLEASANT GROVE BAPTIST CHURCH OF TAYLOR COUNTY, FLORIDA, INC.



Principal Place of Business %LESSLY COULLIETTE 12669 U.S. 19 NORTH GREENVILLE, FL 32331	Mailing Address %LESSLY COULLIETTE 12669 U.S. 19 NORTH GREENVILLE, FL 32331
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01302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2353451	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNOWLES, HORACE
9887 ALTON WENTWORTH RD
GREENVILLE, FL 32331

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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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KNOWLES, HORACE
STREET ADDRESS	8985 ALTON WENTWORTH RD
CITY-ST-ZIP	SHADY GOVE, FL 32357
TITLE	D
NAME	ROWELL, AULEY
STREET ADDRESS	4205 IRA SMITH RD
CITY-ST-ZIP	SHADY GROVE, FL 32357
TITLE	D
NAME	SEVER, BERT
STREET ADDRESS	RT 1, BOX 16-A
CITY-ST-ZIP	LAMONT, FL 32336
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/06-80022-006 70.00

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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: *Jessly E. Coulliette* **JAN 30, 2006** 850-584-5696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #