2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N01000006754

Entity Name: PLEASANT GROVE BAPTIST CHURCH OF TAYLOR COUNTY, FLORIDA, INC.

Current Principal Place of Business:

% KYLE ROWELL
8985 ALTON WENTWORTH ROAD
GREENVILLE, FL 32331

New Principal Place of Business:

Current Mailing Address:

% KYLE ROWELL
PO BOX 682
SHADY GROVE, FL 323570682

New Mailing Address:

FEI Number: 20-8611331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROWELL, AULEY
1010 IRA SMITH ROAD
GREENVILLE, FL 32331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	KNOWLES, HORACE	
Address:	8985 ALTON WENTWORTH RD	
City-St-Zip:	SHADY GOVE, FL 32357	
Title:	D	( ) Delete
Name:	ROWELL, AULEY	
Address:	4205 IRA SMITH RD	
City-St-Zip:	SHADY GROVE, FL 32357	
Title:	D	( ) Delete
Name:	SEVER, BERT	
Address:	RT 1, BOX 16-A	
City-St-Zip:	LAMONT, FL 32336	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	( ) Change (X) Addition
Name:	ROWELL, KYLE	
Address:	PO BOX 548	
City-St-Zip:	SHADY GROVE, FL 323570548	

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: KYLE ROWELL T 02/04/2009

Electronic Signature of Signing Officer or Director — Date