

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002854
1. Entity Name NEW MOUNT PLEASANT MISSIONARY BAPTIST CHURCH INC.

Principal Place of Business 6132 FLICKER AVE. JACKSONVILLE, FL 32219	Mailing Address 6132 FLICKER AVE. JACKSONVILLE, FL 32219
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 48-1296563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

COLEMAN, WILLIE
5403 BUNCH DR.
JACKSONVILLE, FL 32209

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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** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLEMAN, WILLIE
STREET ADDRESS	5403 BUNCH DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	VD
NAME	CUMMINGS, ROBERT
STREET ADDRESS	5821 SAN JUAN AVE., #108
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	DASHER, SHIRLEY
STREET ADDRESS	5963 JOHN F. KENNEDY DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	SD
NAME	CUFF, MARTHA
STREET ADDRESS	8280 SPRINGTREE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	TD
NAME	CUMMINGS, BOBBIE
STREET ADDRESS	3935 VICTORIA LANDING DR N.
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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** April 19, 2005 **Daytime Phone #** 904-2668993