

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

DO NOT WRITE IN THIS SPACE

9. 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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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100000324620
 04/22/05-80100-012 61.25

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, 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 #: **904-266-8993**

SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR