

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90099 003 ****61.25

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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

2. Principal Place of Business

6132 FLICKER AVE

Suite, Apt. #, etc.

3. Mailing Address

6132 FLICKER AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE

Zip

32219

Country

FL

City & State

FL

Zip

Country

4. FEI Number

48-1296563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

**COLEMAN, WILLIE
5403 BUNCH DR.
JACKSONVILLE FL 32209**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME COLEMAN, WILLIE
STREET ADDRESS 5403 BUNCH DR.
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE VD ☐ Delete
NAME CUMMINGS, ROBERT
STREET ADDRESS 5821 SAN JUAN AVE., #108
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete
NAME DASHER, SHIRLEY
STREET ADDRESS 5963 JOHN F. KENNEDY DR.
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE SD ☐ Delete
NAME CUFF, MARTHA
STREET ADDRESS 8280 SPRINGTREE RD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE TD ☐ Delete
NAME CUMMINGS, BOBBIE
STREET ADDRESS 3935 VICTORIA LANDING DR N.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1680 Stafford Road
CITY-ST-ZIP Jacksonville FL 32208

TITLE VD ☒ Change ☐ Addition
NAME Cummings, Robert
STREET ADDRESS 6111 Flicker Avenue
CITY-ST-ZIP Jax, Florida 32219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Willie Coleman

Willie Coleman

1-30-06