


**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

DOCUMENT # N02000002854

1. Entity Name
NEW MOUNT PLEASANT MISSIONARY BAPTIST CHURCH INC.



Principal Place of Business Mailing Address
6132 FLICKER AVE. 6132 FLICKER AVE.
JACKSONVILLE FL 32219 JACKSONVILLE FL 32219



2. Principal Place of Business 3. Mailing Address
6132 FLICKER AVE **6132 FLICKER AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
JACKSONVILLE **FL**
Zip Country Zip Country
32219 **DUVAL**

4. FEI Number Applied For
48-1296563 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1680 Stafford Road	
CITY-ST-ZIP	Jacksonville Fl. 32208	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cummings, Robert	
STREET ADDRESS	6111 Flicker Avenue	
CITY-ST-ZIP	Jax, Florida 32219	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Cuff* *Willie Cummings* 1-30-06