

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 JUN -7 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

04/09/07 01030 016 \$70.00



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|--|---|--|---|
| 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 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 48-1296563 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| COLEMAN, WILLIE 5403 BUNCH DR. JACKSONVILLE, FL 32209 | | Name <u>WILLIE COLEMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>1680 STAFFORD RD</u> City <u>JACKSONVILLE</u> FL Zip Code <u>32208</u> | |
| 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 <u>Willie Coleman</u> Signature, typed or printed name of registered agent and title if applicable | | DATE <u>4-15-07</u> (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to — Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD COLEMAN, WILLIE 1680 STAFFORD RD JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD CUMMINGS, ROBERT 6111 FLETCHER AVE JACKSONVILLE, FL 32219 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DASHER, SHIRLEY 5963 JOHN F. KENNEDY DR. JACKSONVILLE, FL 32219 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD CUFF, MARTHA 8280 SPRINGTREE RD JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD CUMMINGS, BOBBIE 3935 VICTORIA LANDING DR N. JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Willie Coleman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE <u>4-15-07</u> DATE | |