

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002854

FILED  
Mar 23, 2008  
Secretary of State

Entity Name: NEW MOUNT PLEASANT MISSIONARY BAPTIST CHURCH INC.

**Current Principal Place of Business:**

6132 FLICKER AVE  
JACKSONVILLE, FL 32219 US

**New Principal Place of Business:**

**Current Mailing Address:**

6132 FLICKER AVE  
JACKSONVILLE, FL 32219 US

**New Mailing Address:**

FEI Number: 48-1296563      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLEMAN, WILLIE  
1680 STAFFORD RD  
JACKSONVILLE, FL 32208 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COLEMAN, WILLIE  
Address: 1680 STAFFORD RD  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: VD ( ) Delete  
Name: CUMMINGS, ROBERT  
Address: 6111 FLETCHER AVE  
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: D ( ) Delete  
Name: DASHER, SHIRLEY  
Address: 5963 JOHN F KENNEDY DR  
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: SD ( ) Delete  
Name: CUFF, MARTHA  
Address: 8280 SPRINGTREE RD  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: TD ( ) Delete  
Name: CUMMINGS, BOBBIE  
Address: 3935 VICTORIA LANDING DR N  
City-St-Zip: JACKSONVILLE, FL 32208 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBIE CUMMINGS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SECR

03/23/2008

\_\_\_\_\_  
Date