

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002854

FILED
Apr 01, 2009
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: VD (X) Change () Addition
Name: CUMMINGS, ROBERT
Address: 6111 FLICKER AVE
City-St-Zip: JACKSONVILLE, FL 32219 US

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

SECR

04/01/2009

Electronic Signature of Signing Officer or Director

Date