

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N03000000429**

1. Entity Name  
MT. PLEASANT MISSIONARY BAPTIST CHURCH OF  
WAKULLA, FLORIDA, INC.



FILED

06 MAR 27 10:43

SECRET  
TALLAHASSEE, FLORIDA

Principal Place of Business  
90 MT. PLEASANT LANE  
CRAWFORDVILLE, FL 32327

Mailing Address  
90 MT. PLEASANT LANE  
CRAWFORDVILLE, FL 32327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
85-1113538

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORTON, ANNIE F  
704 WOODVILLE HWY  
CRAWFORDVILLE, FL 32327

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 \_\_\_\_\_

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	MANNING, ROBERT III	
STREET ADDRESS	90 MT. PLEASANT LANE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACKERMAN, LONNIE	
STREET ADDRESS	90 MT. PLEASANT LANE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, CLINTON	
STREET ADDRESS	90 MT. PLEASANT LANE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	FS	<input type="checkbox"/> Delete
NAME	STATEN, GWENDOLYN	
STREET ADDRESS	90 MT. PLEASANT LANE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	RS	<input type="checkbox"/> Delete
NAME	MANNING, ELOUSIE	
STREET ADDRESS	90 MT. PLEASANT LANE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	D	<input type="checkbox"/> Delete
NAME	STATEN, KENNETH	
STREET ADDRESS	90 MT. PLEASANT LANE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

600068725136  
03/27/06--01029--001 \*\*\$61.25

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 another like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-06  
Date

Daytime Phone #