


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000000429 1. Entity Name MT. PLEASANT MISSIONARY BAPTIST CHURCH OF WAKULLA, FLORIDA, INC.	
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FILED
2007 FEB -9 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02072007 No Chg-NP CR2E037 (4/06)

Principal Place of Business 90 MT. PLEASANT LANE CRAWFORDVILLE, FL 32327	Mailing Address 90 MT. PLEASANT LANE CRAWFORDVILLE, FL 32327
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DO NOT WRITE IN THIS SPACE

4. FEI Number 85-1113538	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NORTON, ANNIE F
704 WOODVILLE HWY
CRAWFORDVILLE, FL 32327

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

200098056972
02/12/07--01052--002 **\$61.25

10. OFFICERS AND DIRECTORS

TITLE	C	MANNING, ROBERT III
NAME		90 MT. PLEASANT LANE
STREET ADDRESS		CRAWFORDVILLE, FL 32327
CITY-ST-ZIP		
TITLE	D	ACKERMAN, LONNIE
NAME		90 MT. PLEASANT LANE
STREET ADDRESS		CRAWFORDVILLE, FL 32327
CITY-ST-ZIP		
TITLE	D	HARRIS, CLINTON
NAME		90 MT. PLEASANT LANE
STREET ADDRESS		CRAWFORDVILLE, FL 32327
CITY-ST-ZIP		
TITLE	FS	STATEN, GWENDOLYN
NAME		90 MT. PLEASANT LANE
STREET ADDRESS		CRAWFORDVILLE, FL 32327
CITY-ST-ZIP		
TITLE	RS	MANNING, ELOUSIE
NAME		90 MT. PLEASANT LANE
STREET ADDRESS		CRAWFORDVILLE, FL 32327
CITY-ST-ZIP		
TITLE	D	STATEN, KENNETH
NAME		90 MT. PLEASANT LANE
STREET ADDRESS		CRAWFORDVILLE, FL 32327
CITY-ST-ZIP		

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IN THIS SPACE

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: Robert Manning III 2-407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #