

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 20, 2009  
Secretary of State

DOCUMENT# N03000000429

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

**Current Principal Place of Business:**

90 MT. PLEASANT LANE  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

90 MT. PLEASANT LANE  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 85-1113538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NORTON, ANNIE F  
704 WOODVILLE HWY  
CRAWFORDVILLE, FL 32327 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: C ( ) Delete  
Name: STATEN, KENNETH R  
Address: 90 MT. PLEASANT LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: ACKERMAN, LONNIE  
Address: 90 MT. PLEASANT LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: HARRIS, CLINTON  
Address: 90 MT. PLEASANT LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: FS ( ) Delete  
Name: STATEN, GWENDOLYN  
Address: 90 MT. PLEASANT LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: RS ( ) Delete  
Name: MANNING, ELOUISE  
Address: 90 MT. PLEASANT LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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

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

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

Title: D (X) Change ( ) Addition  
Name: HARRIS, RICHARD C  
Address: 90 MT. PLEASANT LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: RS (X) Change ( ) Addition  
Name: MANNING, ELOUISE  
Address: 90 MT. PLEASANT LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: GWENDOLYN STATEN

FS

04/20/2009

Electronic Signature of Signing Officer or Director

Date