


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90230 024 ****61.25

DOCUMENT # N03000002735					
1. Entity Name PLEASANT GROVE OUTREACH MISSION CORP.					
Principal Place of Business 716 VAN BUREN STREET JACKSONVILLE, FL 32206			Mailing Address P.O. BOX 12074 JACKSONVILLE, FL 32209		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04132005 Chg-NP CR2E037 (10/03)	
4. FEI Number 51-0456273				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			7. Name and Address of New Registered Agent		
DC FINANCIAL SOLUTIONS, INC. 1236 S. MC DUFF AVENUE, #109 JACKSONVILLE, FL 32205			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P NAME O'NEAL, JANICE STREET ADDRESS 1486 STIMSON CITY-ST-ZIP JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete		TITLE Administrative Supervisor NAME Henry Smith STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME MARTIN, PATRICIA ANN STREET ADDRESS 1338 HIGH PLAINS DRIVE CITY-ST-ZIP JACKSONVILLE, DL 32218	<input type="checkbox"/> Delete		TITLE Administrative Asst NAME Natalie Bell STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME BROWN, WANDA STREET ADDRESS 3518 ANDREWS STREET CITY-ST-ZIP JACKSONVILLE, FL 32254	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BROWN, DENNIS STREET ADDRESS 3518 ANDREWS STREET CITY-ST-ZIP JACKSONVILLE, FL 32254	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WALKER, MICHAEL STREET ADDRESS 4550 W. BIDDY LANE CITY-ST-ZIP JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HALL, LAMAR STREET ADDRESS 5152 ROLLINS AVENUE CITY-ST-ZIP JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Janice M. O'Neal</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>April 19, 2005</i> Daytime Phone #: <i>(904) 704-1379</i>		