2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N03000002735

Entity Name: PLEASANT GROVE OUTREACH MISSION CORP.

Current Principal Place of Business:

716 VAN BUREN STREET
JACKSONVILL, FL 32206

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12074
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 51-0456273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DC FINANCIAL SOLUTIONS, INC.
1236 S. MC DUFF AVENUE, #109
JACKSONVILLE, FL 32205 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: P ( ) Delete
Name: O'NEAL, JANICE
Address: 1486 STIMSON
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP ( ) Delete
Name: MARTIN, PATRICIA ANN
Address: 1338 HIGH PLAINS DRIVE
City-St-Zip: JACKSONVILLE, DL 32218

Title: S ( ) Delete
Name: BROWN, WANDA
Address: 3518 ANDREWS STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: D ( ) Delete
Name: BROWN, DENNIS
Address: 3518 ANDREWS STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: D ( ) Delete
Name: WALKER, MICHAEL
Address: 4550 W. BIDDY LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: HALL, LAMAR
Address: 5152 ROLLINS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: ALFRED JOHNSON, JR ADMN 04/30/2006

Electronic Signature of Signing Officer or Director — Date