

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006519

FILED
Mar 12, 2006
Secretary of State

Entity Name: MOUNT PILGRIM UNITED AMERICAN FREE WILL BAPTIST CHURCH, INC.

Current Principal Place of Business:

863 SCHOOL ST
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1324
BROOKSVILLE, FL 346051324

New Mailing Address:

FEI Number: 59-3146977 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCRIVEN, CHARLES H
725 SHAYNE ST
BROOKSVILLE, FL 34601 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: BRO. () Delete
Name: BROWN, KENNETH R PRES.
Address: 863 SCHOOL ST.
City-St-Zip: BROOKSVILLE, FL 34601 HE

Title: DEA () Delete
Name: SCRIVEN, CHARLES H CHR.
Address: 863 SCHOOL ST
City-St-Zip: BROOKSVILLE, FL 34601 HE

Title: DEA () Delete
Name: STEPHENS, DARYL TREASUR
Address: 863 SCHOOL ST.
City-St-Zip: BROOKSVILLE, FL 34601 HE

Title: DEA. () Delete
Name: HALL, THOMAS C REC.
Address: 863 SCHOOL ST
City-St-Zip: BROOKSVILLE, FL 34601 HE

Title: MOT. () Delete
Name: WALKER, ANNIE M DIR
Address: 863 SCHOOL ST
City-St-Zip: BROOKSVILLE, FL 34601 HE

Title: SIS. () Delete
Name: HICKS, BREND A FIN/SEC
Address: 863 SCHOOL ST
City-St-Zip: BROOKSVILLE, FL 34601 HE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: BRO. (X) Change () Addition
Name: WALKER, JOENATHAN CHR.
Address: 863 SCHOOL ST
City-St-Zip: BROOKSVILLE, FL 34601 HE

Title: DEA. (X) Change () Addition
Name: SCRIVEN, CHARLES H TREASUR
Address: 863 SCHOOL ST.
City-St-Zip: BROOKSVILLE, FL 34601 HE

Title: BRO. (X) Change () Addition
Name: CLARKE, ROBERT REC.
Address: 863 SCHOOL ST
City-St-Zip: BROOKSVILLE, FL 34601 HE

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: ROBERT CLARKE

SECT

03/12/2006

Electronic Signature of Signing Officer or Director

_____ Date