

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009262

FILED
May 26, 2006
Secretary of State

Entity Name: MOUNT PLEASANT BAPTIST CHURCH, INC.

Current Principal Place of Business:

2002 NORTH ROME AVENUE
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4724
TAMPA, FL 336774724

New Mailing Address:

FEI Number: 31-1806252 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KIRKLAND, C T DR
1315 FLEXWOOD DRIVE
BRANDON, FL 33511 US

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: KIRKLAND, C T DR
Address: 1315 FLEXWOOD AVENUE
City-St-Zip: BRANDON, FL 33511

Title: A () Delete
Name: COLLINS, CAROLYN
Address: 4002 LASALLE STREET
City-St-Zip: TAMPA, FL 33607

Title: S () Delete
Name: UPSHAW, COLLEEN
Address: 8309 IBERIA PLACE
City-St-Zip: TAMPA, FL 33607

Title: C () Delete
Name: HOPKINS, RICHARD D
Address: 414 MAHOGANY DRIVE
City-St-Zip: SEFFNER, FL 33584

Title: T () Delete
Name: JACKSON, JAY
Address: 1317 SELFISH DRIVE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: A (X) Change () Addition
Name: COLLINS, CAROLYN DR
Address: 4002 LASALLE STREET
City-St-Zip: TAMPA, FL 33607

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: DR. CAROLYN COLLINS

A

05/26/2006

Electronic Signature of Signing Officer or Director

Date