


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

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| DOCUMENT # N04000009262 1. Entity Name MT. PLEASANT MISSIONARY BAPTIST CHURCH OF TAMPA, INC. |  |
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| Principal Place of Business 2002 NORTH ROME AVENUE TAMPA, FL 33607 | Mailing Address P.O. BOX 4724 TAMPA, FL 33677-4724 |
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DO NOT WRITE IN THIS SPACE



04042007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 31-1806252 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000701743 04/20/07-80056-021 70.00 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KIRKLAND, C T DR 1315 FLEXWOOD AVENUE BRANDON, FL 33511 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | A COLLINS, CAROLYN DR 4002 LASALLE STREET TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S UPSHAW, COLLEEN 8309 IBERIA PLACE TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C HOPKINS, RICHARD D 414 MAHOGANY DRIVE SEFFNER, FL 33584 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JACKSON, JAY 1317 SELFISH DRIVE BRANDON, FL 33511 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dr. C. T. Kirkland **4/04/2007 (813) 253-5714**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #