

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90217 017 \*\*\*\*70.00

<b>DOCUMENT # N04000009262</b>					
<b>1. Entity Name</b> MT. PLEASANT MISSIONARY BAPTIST CHURCH OF TAMPA, INC.					
<b>Principal Place of Business</b> 2002 NORTH ROME AVENUE TAMPA, FL 33607			<b>Mailing Address</b> P.O. BOX 4724 TAMPA, FL 33677-4724		
<b>2. Principal Place of Business - No P.O. Box #</b> 2002 North Rome Avenue		<b>3. Mailing Address</b> P.O. Box 4675			
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc.			
<b>City &amp; State</b> Tampa, FL		<b>City &amp; State</b> Tampa, FL		<b>4. FEI Number</b> 31-1806252	
<b>Zip</b> 33607		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KIRKLAND, C T DR 1315 FLEXWOOD DRIVE BRANDON, FL 33511		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
<b>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.</b>					
SIGNATURE: <i>[Signature]</i> <span style="float: right;">5/4/2008</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> KIRKLAND, C T DR 1315 FLEXWOOD AVENUE BRANDON, FL 33511	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>A</b> COLLINS, CAROLYN DR 4002 LASALLE STREET TAMPA, FL 33607	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> UPSHAW, COLLEEN 8309 IBERIA PLACE TAMPA, FL 33607	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> HOPKINS, RICHARD D 414 MAHOGANY DRIVE SEFFNER, FL 33584	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Baham, Yolanda D. 1202 W. Braddock Tampa, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> JACKSON, JAY 1317 SELFISH DRIVE BRANDON, FL 33511	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Financial Secretary Jackson, Jay 1317 Selfish Drive Brandon, FL 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Corresponding Secretary Jacquelyn L. Hall 11144 Rising Mist Blvd. Riverview, FL 33569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <span style="float: right;">5/4/08 813 6290657</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					