

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009262

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MT. PLEASANT MISSIONARY BAPTIST CHURCH OF TAMPA, INC.

## Current Principal Place of Business:

2002 NORTH ROME AVENUE  
STE 2  
TAMPA, FL 33607

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 4675  
TAMPA, FL 336774724 US

## New Mailing Address:

FEI Number: 31-1806252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

Title: A ( ) Delete  
Name: COLLINS, CAROLYN DR  
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: T ( ) Delete  
Name: BAHAM, YOLANDA D  
Address: 1202 W BRADDOCK  
City-St-Zip: TAMPA, FL

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

Title: S ( ) Delete  
Name: HALL, JACQUELYNN L  
Address: 1114 A RISING MIST BLVD.  
City-St-Zip: RIVERVIEW, FL 33569

## 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 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

04/30/2009

Electronic Signature of Signing Officer or Director

Date