

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002495

FILED
Feb 25, 2009
Secretary of State

Entity Name: NORTH PLEASANT GROVE BAPTIST CHURCH, INC.

Current Principal Place of Business:

25330 NW CR 239
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

25330 NW CR 239
ALACHUA, FL 32615

New Mailing Address:

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

Name and Address of Current Registered Agent:

SAJCZUK, JAMES B
13423 NW 145TH AVE
ALACHUA, FL 32615 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: DRAKE, ROSCOE L
Address: 2626 NE 156TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: VP () Delete
Name: SAJCZUK, JAMES B
Address: 13423 NW 145TH AVE
City-St-Zip: ALACHUA, FL 32615

Title: S () Delete
Name: TRULUCK, ROGER S
Address: 9798 NW CR 241
City-St-Zip: LAKE BUTLER, FL 32054

Title: T () Delete
Name: TRULUCK, ROGER S
Address: 9798 NW CR 241
City-St-Zip: LAKE BUTLER, FL 32054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: PRESSLEY, GLENN
Address: 15208 NW 270TH AVE
City-St-Zip: ALACHUA, FL 32615

Title: T (X) Change () Addition
Name: PRESSLEY, GLENN
Address: 15208 NW 270TH AVE
City-St-Zip: ALACHUA, FL 32615

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: JAMES B SAJCZUK

S,T

02/25/2009

Electronic Signature of Signing Officer or Director

Date