

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001271

FILED
Jul 08, 2009
Secretary of State

Entity Name: PLEASANT GROVE MISSIONARY BAPTIST CHURCH OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

214 N MYRTLE AVENUE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

214 N MYRTLE AVENUE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

HARLEY, E KENNETH
2911 GILLMAR STREET
DELTONA, FL 32738 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: T () Delete
Name: BOOTH, WILLIAM
Address: 410 S DUSS STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T () Delete
Name: BROWN, ALPHONSO
Address: 579 HAMILTON STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T () Delete
Name: FELTON, WILLIE
Address: 2620 TURNBULL ESTATES DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T () Delete
Name: MATHIS, ZETORA
Address: 509 OLEANDER STREET, #35
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T () Delete
Name: MURRELL, MARY
Address: 637 GREENLAWN TERRACE #37
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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:

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: KENNETH HARLEY

AGEN

07/08/2009

Electronic Signature of Signing Officer or Director

Date