

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001637

FILED
Feb 05, 2012
Secretary of State

Entity Name: MT. PLEASANT MINISTRIES OF CAPPS, INCORPORATED

Current Principal Place of Business:

9472 SOUTH JEFFERSON STREET
U.S. HIGHWAY 19 SOUTH
CAPPS, FL 32344

New Principal Place of Business:

Current Mailing Address:

PO BOX 805
MONTICELLO, FL 32344

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOWARD, CARRIE M PH.D
73 HICKS ROAD
LAMONT, FL 323367242 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: PD
Name: SMITH, CHARLES SR.
Address: 8175 ELYSIAN WAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: D
Name: HOWARD, CARRIE M DR.
Address: 73 HICKS ROAD
City-St-Zip: LAMONT, FL 32336

Title: D
Name: BENNETT, PATTIE
Address: 333 SO. SALT ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: TD
Name: BENNETT, TOMMY
Address: 333 SO. SALT ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: TD
Name: GARMON, OTIS
Address: 35 ALEXANDER ROAD
City-St-Zip: LAMONT, FL 32336

Title: D
Name: GARMON, SOPHIA
Address: 35 ALEXANDER ROAD
City-St-Zip: LAMONT, FL 32336

I hereby 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 all other like empowered.

SIGNATURE: CARRIE M. HOWARD

D

02/05/2012

Electronic Signature of Signing Officer or Director

Date