-2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N14865 1. Entity Name MOUNT CHARITY MISSIONARY RAPTIST CHURCH INC.						FILED		
MOUNT CHARITY MISSIONARY BAPTIST CHURCH, INC.			inc.		ne ne	OCT 10 AMII	: 57	
Principal Place	e of Business	Mailing Address						
1417 LAURA ST. JACKSONVILLE FL 32206		1417 LAURA ST. JACKSONVILLE FL 32206						
2. Principal Place of Business		3. Mailing Address				illeg eraat iniid niini niil nien ei	3 8 8 8 5 8 8 8 8	IIIM! BI KAAI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- 2nd MC	OORE CR2E	037 (4/06)	26
City & State		City & State			4. FEI Number 5	9-2685189		plied For t Applicable
Zip	Country	Zip	Cou	ntry	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
HARVEY, GEORGE JR. 10668 PINHOLSTER ROAD JACKSONVILLE FL 32218				Name Street Address (P.O. Box Number is Not Acceptable)				
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.								
SIGNATURE Should be travel or protein page of page (see) and and page (see). And and page (see) and and page (see) and and page (see). And and page (see) and and page (see). And and page (see).								
Signature, typicf or printed name of registered agent and title if applicable. INOTE, Registered Agent signature required when reustating? DATE								
	FILE NOW: FEE IS \$61.25 Due By September 6, 2006	nancing on.	\$5.00 May Be Added to Fees	Florida Dep	ck Payable lartment of S			
10.	OFFICERS AND DIF	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND I	DIRECTORS IN 1	0
TITLE	PTD	☐ Delete	TITLE				☐ Change	Addition
NAME	HARVEY, GEORGE JR.		NAME					
STREET ADDRESS CITY+ST-ZIP	10668 PINHOLSTER RD. JACKSONVILLE FL 32218			ET ADDRESS SY-ZIP	10 /00 /00.	000080387050 10/03/0601022911 **70.00		
DILE	DS	☐ Delete			10/00/00	01055011	本本(U.UU Change	Addition
NAME	HARVEY, JOANNE T.	L Delek	NAME	1		man a man a m		L) Addition
STREET ADDRESS CITY-ST-ZIP	T0668 PINHOLSTER RD" JACKSONVILLE FL 32218	-		et address St-7IP		081084 7 01066016	(13 **175.00)
TITLE	D	Delete	HTLE				Change	Adaition
NAME	HOLLIDAY, CHARLSTINE		NAME					
STREET ADDRESS - CITY - ST - ZIP	4662 ROANOKE BLVD. JACKSONVILLE FL 32208			E1 ADDRESS S1-ZIP				
TITLE	D	☐ Delete					☐ Change	Addition
NAME	HARVEY, ANNIE C.	LI Delett	NAME		\mathcal{R}		change	Addinon
STREET ADDRESS	3026 DONNA DR		STRE	ET ADDRESS	21(0110			
C!TY-ST-ZIP	JACKSONVILLE FL 32208		CITY -	ST-ZIP	1 -			
TITLE		Delete		i			☐ Change	Addition
NAME STREET ADDOCCE			NAME					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP				
TITLE		☐ Delete					Change	Addition
NAME		L Calette	NAME				CT origings	C DOMINI
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			 	SI - ZiP				
12. Thereby 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 record or supplemental record in the properties and that my supplemental record in the properties are directors.								

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

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SIGNATURE: