

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90022 015 ****61.25

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|--|---|--|---|---|------------------------------------|
| DOCUMENT # N37039 1. Entity Name MT. PISGAH BAPTIST CHURCH, INC. | | | |  | |
| Principal Place of Business 6210 MT. PISGAH ROAD FORT MEADE, FL 33841 | | | Mailing Address 6210 MT. PISGAH ROAD FORT MEADE, FL 33841 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | 4. FEI Number 59-2480912 |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ABLES, CLIFFORD M III 551 SOUTH COMMERCE AVENUE SEBRING, FL 35870 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | DP <input type="checkbox"/> Delete LARRAMORE, LOYD M 3825 EDISON AVE. BOWLING GREEN, FL 33834 | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | DT <input type="checkbox"/> Delete GRANT, EUGENE 3440 MT PISGAH ROAD FORT MEADE, FL 33841 | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | DS <input type="checkbox"/> Delete FARRIS, RAY 409 W. BROADWAY ST. FT. MEADE, FL | | TITLE | DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Farris, Ray 409 W. Broadway St. Ft. Meade, FL 33841 | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | DV <input type="checkbox"/> Delete COKER, RONALD 2802 BOYD COWART RD WAUCHULA, FL | | TITLE | DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Coker, Ronald 2802 Boyd Cowart Rd Wauchula, FL 33873 | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | DV <input type="checkbox"/> Delete NORTHUP, PERRY 1324 HICKORY LANE SOUTH FORT MEADE, FL 33841 | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby 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 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. | | | | | |
| SIGNATURE: <u>Eugene Grant</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1-16-06 863-375-4409 <small>Date Daytime Phone #</small> | | |