## IT CORPORATION **EPORT**

DOCUMENT # N370  1. Entity Name MT. PISGAH BAPTIST CHUR	
Principal Place of Business 6210 MT. PISGAH ROAD FORT MEADE, FL 33841	Mailing Address 6210 MT, PISGAH ROAD FORT MEADE, FL 33841
DO NOT WI	RITE IN THIS SE



**FILED** Jan 24, 2008 08:00 AN Secretary of State



N THIS SPACE

01152008 No Chg-NP CR2E037 (4/06)

Applied For 4. FEI Number 59-2480912 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ABLES, CLIFFORD M III 551 SOUTH COMMERCE AVENUE SEBRING, FL 35870

## DO NOT WRITE IN THIS SPACE

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						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  DATE						
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finance     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND D	IRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LARRAMORE, LOYD M 3825 EDISON AVE. BOWLING GREEN, FL 33834				U00000794695 01/28/08-90018-006 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRANT, EUGENE 3440 MT PISGAH ROAD FORT MEADE, FL 33841					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FARRIS, RAY 409 W. BROADWAY ST. FORT MEADE, FL 33841		*	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COKER, RONALD 2802 BOYD COWART RD WAUCHULA, FL 33873			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NORTHUP, PERRY 1324 HICKORY LANE SOUTH FORT MEADE, FL 33841					
TITLE NAME STREET ADDRESS 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						

Ray Farris