

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION\*  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 25 AM 11: 01

DOCUMENT # **N37467** (0)  
1. Corporation Name  
**NEW MOUNT PLEASANT BAPTIST CHURCH, INCORPORATED**

Principal Place of Business Mailing Address  
**6200 NW MIAMI CT.  
MIAMI FL 33150  
US** **18100 NW 8 PLACE  
MIAMI FL 33169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/29/1990</b>	3a. Date of Last Report <b>07/26/1994</b>
4. FEI Number <b>65-0191909</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26 <b>16855 N.E. 2nd Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 <b>Suite 303</b>
City & State	City & State
23	28 <b>Miami F</b>
Zip	Country
24	29 <b>33162</b> 30 <b>Flade</b>

9. Name and Address of Current Registered Agent  
**ROUNDTREE, W.R.  
18100 NW 8TH PLACE  
MIAMI FL 33169**

10. Name and Address of New Registered Agent
81 Name <b>JACK LEVINE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>Suite 303</b>
83 <b>16855 N.E. 2nd Avenue</b>
84 City <b>MIAMI</b> FL 85 Zip Code <b>33162</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **Jack Levine** DATE: **5/21/95**

12. OFFICERS AND DIRECTORS	
TITLE	<b>T</b>
NAME	<b>DAVIS, JENNETTA M.</b>
STREET ADDRESS	<b>5225 N.W. 30TH PLACE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>T</b>
NAME	<b>ALLEN, CELLESTINE</b>
STREET ADDRESS	<b>1782 N.W. 50TH ST.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>T</b>
NAME	<b>WHITE, ELIZABETH</b>
STREET ADDRESS	<b>3520 N.W. 197TH ST.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>T</b>
NAME	<b>RICHBURG, JOHN</b>
STREET ADDRESS	<b>1045 N.W. 117TH STREET</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>T</b>
NAME	<b>CHANEY, JOE</b>
STREET ADDRESS	<b>730 NW 78 ST</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>T</b>
NAME	<b>WILLIAMS, BETTY</b>
STREET ADDRESS	<b>1824 N.W. 42ND ST.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>T HENRY FORBES</b>
33 STREET ADDRESS	<b>6250 N.W. MIAMI COURT</b>
34 CITY - ST - ZIP	<b>MIAMI, FL 33150</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>D</b>
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>RL</b>
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>P Rev. W.R. Roundtree</b>
63 STREET ADDRESS	<b>506 NW 179 ST</b>
64 CITY - ST - ZIP	<b>MIAMI, FL 33169</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Jennetta M. Davis - Jennetta M. Davis** 5/16-95 305-634-5840