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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N37467 ✓
 1. Corporation Name
NEW MT PLEASANT BAPTIST CHURCH, INCORPORATED

Principal Place of Business Mailing Address
7610 BISCAYNE BOULEVARD
MIAMI, FLORIDA 33138

2. Principal Place of Business 21 SAME AS ABOVE	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified APRIL 5, 1990
22 City & State	27 City & State	4. FEI Number 65-0191909
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
25 Country	29 Country	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

JACK LEVINE, CPA
16855 NE 2nd AVENUE
SUITE 303
NORTH MIAMI BEACH, FLORIDA 33162-1744

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	REV DR W R ROUNDTREE, JR	<input type="checkbox"/> DELETE
NAME	PRESIDENT	
STREET ADDRESS	506 NW 179th STREET	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	JOHN H RICHBURG	
STREET ADDRESS	1045 NW 117th STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33168	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	JENNETTA M DAVIS	
STREET ADDRESS	5225 NW 30th PLACE	
CITY-ST-ZIP	MIAMI, FLORIDA 33142	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	KATIE J BARLOW	
STREET ADDRESS	249 SW 4th COURT	
CITY-ST-ZIP	HOMESTEAD, FLORIDA 33030	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	ONEAL CHANEY	
STREET ADDRESS	730 NW 76th STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33050	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	CELESTINE ALLEN	
STREET ADDRESS	8150 NW 13th COURT	
CITY-ST-ZIP	MIAMI, FLORIDA 33147	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Richard W. Roundtree* Date: **6-4-99** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)