2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N49072

1. Entity Name
THE MOUNT PILGRIM AFRICAN BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
5103 MLK JR DRIVE MILTON, FL 32570	P.O. BOX 321 MILTON, FL 32570 US

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07092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3042845
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, CONNIE
4234 WOODSVILLE RD
MILTON, FL 32583

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

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	MORTON, WADE
STREET ADDRESS	7551 HOLMES ST
CITY-ST-ZIP	MILTON, FL 32570
TITLE	CD
NAME	FRANKLIN, ROBERT
STREET ADDRESS	6624 LEE STREET
CITY-ST-ZIP	MILTON, FL 32570
TITLE	SC
NAME	MORGAN, FREDONIA
STREET ADDRESS	4857 WEBB CIRCLE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	STD
NAME	RHODES, VIVIAN
STREET ADDRESS	5587 BIRCH STREET
CITY-ST-ZIP	MILTON, FL 32570
TITLE	AT
NAME	DAVID, GEORGIA S
STREET ADDRESS	5236 (212) MCCALLISTER ST
CITY-ST-ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/10/07-80019-003 70.00

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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: Connie Rodriguez Connie Rodriguez 7/9/07 (850) 623-8352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #