

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90014 024 ****61.25

DOCUMENT # N94000000028

1. Entity Name

PLEASANT GROVE AFRICAN METHODIST EPISCOPAL CHURCH R

Principal Place of Business

Mailing Address

131 GEORGETOWN SHORTCUT ROAD
 GEORGETOWN FL 32139

P.O. BOX 565
 GEORGETOWN FL 32139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **SAME**

Suite, Apt. #, etc. **SAME**

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL-MOORE, REV. LILLIE
 131 GEORGETOWN SHORTCUT ROAD
 GEORGETOWN FL 32139

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.

SIGNATURE Rev. Lillie Hall-Moore

9-10-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	RALEIGH, MCMILLION	
STREET ADDRESS	P.O. BOX 565 /NA	
CITY-ST-ZIP	GEORGETOWN FL 32139	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALKER, OPHELIA	
STREET ADDRESS	P.O. BOX 11/NA	
CITY-ST-ZIP	GEORGETOWN FL 32139	
TITLE	S	<input type="checkbox"/> Delete
NAME	RICHARDSON, MEREDITH	
STREET ADDRESS	217 DOGWOOD LANE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALKER, LOVARNOS	
STREET ADDRESS	P.O. BOX 565 /NA	
CITY-ST-ZIP	GEORGETOWN FL 32139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Meredith Richardson-Brown **RED**

9-10-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)