

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000028

FILED
Jul 15, 2009
Secretary of State

Entity Name: PLEASANT GROVE AFRICAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

131 GEORGETOWN SHORTCUT ROAD
GEORGETOWN, FL 32139

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 565
GEORGETOWN, FL 32139

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOHNSON, SAMUEL J REV
131 GEORGETOWN SHORTCUT ROAD
GEORGETOWN, FL 32139 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RALEIGH, MCMILLION
Address: P.O. BOX 565 /NA
City-St-Zip: GEORGETOWN, FL 32139

Title: T () Delete
Name: WALKER, OPHELIA
Address: P.O. BOX 11/NA
City-St-Zip: GEORGETOWN, FL 32139

Title: S () Delete
Name: BROWN, MEREDITH
Address: 111 VINTAGE LANE
City-St-Zip: PALATKA, FL 32177

Title: T () Delete
Name: WALKER, LOVARNSO
Address: P.O. BOX 565 /NA
City-St-Zip: GEORGETOWN, FL 32139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEREDITH BROWN

S

07/15/2009

Electronic Signature of Signing Officer or Director

Date