

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90159 022 ****61.25

0004905

DOCUMENT # **N94000000028**

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



Principal Place of Business
**131 GEORGETOWN SHORTCUT ROAD
GEORGETOWN FL 32139**

Mailing Address
**P.O. BOX 565
GEORGETOWN FL 32139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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 **Rev. Benjamin Smith**

Street Address (P.O. Box Number is Not Acceptable)

131 Georgetown Shortcut Rd

City **Georgetown**

FL

Zip Code **32139**

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 **Rev. Benjamin Smith**

5/1/03

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida 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, LOVARNSO	
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
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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**

5/1/03

CR2E037 (10/02)