

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000000150

1. Entity Name

MT. GILEAD MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

1313 DIVISION AVENUE
WEST PALM BEACH, FL 33407

Mailing Address

1313 DIVISION AVENUE
WEST PALM BEACH, FL 33407



01262005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0515044

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DORITY, THEODORE M JR.
1012 INDIAN TRACE CIR. #107
WEST PALM BEACH, FL 33407

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ANDERSON, TOMMIE S R
STREET ADDRESS 1372 8TH STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME WILKERSON, WILLIE
STREET ADDRESS 1001 2ND STREET
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE D
NAME BELL, WILLIE L
STREET ADDRESS 301 W 16TH WAY
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE CTRB
NAME DORITY, THEODORE M JR.
STREET ADDRESS 1012 INDIAN TRACE CIR. #107
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000213574
03/23/05-80033-024 61.25

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IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/05
Date

Daytime Phone #