

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State

07-20-2004 90001 002 ****61.25

DOCUMENT # N94000002728

1. Entity Name
MT. PLEASANT MISSIONARY BAPTIST CHURCH OF
GREEN COVE SPRINGS, FLORIDA, INC.



Principal Place of Business
1300 MLK JR BLVD
GREEN COVE SPRINGS, FL 32043

Mailing Address
PO BOX 1603
GREEN COVE SPRINGS, FL 32043

54063749



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202003 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
74-2785790

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

WRIGHT, ROBERT L
1210 EAST ST
GREEN COVE SPRINGS, FL 32043

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. 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 September 8, 2004

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

TITLE DP ☐ Delete
NAME WRIGHT, ROBERT L
STREET ADDRESS 1210 EAST ST
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE DT ☐ Delete
NAME RIVERS, JAMES
STREET ADDRESS 1424 SPRUCE STREET
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE DS ☒ Delete
NAME BASKIN, JEWEL
STREET ADDRESS 1615 FORBES STREET
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☒ Change ☒ Addition
NAME Dasher, Bethena
STREET ADDRESS 6464 Velvet Springs Court
CITY-ST-ZIP Jacksonville, FL 32043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Bethena Dasher*

Bethena Dasher

5/25/04 (904) 573-2984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #