

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90028 005 ****70.00

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		
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 74-2785790	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$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 _____ (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. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	DP WRIGHT, ROBERT L 1210 EAST ST GEEEN COVE SPRINGS, FL 32043		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT RIVERS, JAMES 1424 SPRUCE STREET GEEEN COVE SPRINGS, FL 32043		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Garner, Algertha 1219 Spruce Street Green Cove Springs, FL 32043	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DASHER, BETHENA 6464 VELVET SPRINGS COURT JACKSONVILLE, FL 32043		TITLE NAME STREET ADDRESS CITY - ST - ZIP	6790 Arrowroot Drive Jacksonville, FL 32244	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
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: <u>Bethena Dasher</u> <u>Bethena Dasher</u> <u>4/10/05</u> <u>284-9431</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					