


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90003 048 ****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"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WRIGHT, ROBERT L 1210 EAST ST GREEN COVE SPRINGS, FL 32043				7. Name and Address of New Registered Agent	
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, 2006		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 DP	NAME WRIGHT, ROBERT L		TITLE DT	NAME MARTIN, CLARENCE	
STREET ADDRESS 1210 EAST ST	CITY - ST - ZIP GREEN COVE SPRINGS, FL 32043		STREET ADDRESS 1202 MLK JR. BLVD	CITY - ST - ZIP GREEN COVE SPRINGS, FL 32043	
TITLE DT	NAME ALGATHER, GARNER		TITLE DS	NAME DASHER, BETHENA	
STREET ADDRESS 1219 SPRUCE ST	CITY - ST - ZIP GREEN COVE SPRINGS, FL 32043		STREET ADDRESS 6790 ARROWROOT DR	CITY - ST - ZIP JACKSONVILLE, FL 32244	
TITLE DS	NAME DASHNER, BETHENA		TITLE DS	NAME DASHNER, BETHENA	
STREET ADDRESS 6790 ARROWROOT DR	CITY - ST - ZIP JACKSONVILLE, FL 32244		STREET ADDRESS 6790 ARROWROOT DR	CITY - ST - ZIP JACKSONVILLE, FL 32244	
TITLE DS	NAME DASHNER, BETHENA		TITLE DS	NAME DASHNER, BETHENA	
STREET ADDRESS 6790 ARROWROOT DR	CITY - ST - ZIP JACKSONVILLE, FL 32244		STREET ADDRESS 6790 ARROWROOT DR	CITY - ST - ZIP JACKSONVILLE, FL 32244	
TITLE DS	NAME DASHNER, BETHENA		TITLE DS	NAME DASHNER, BETHENA	
STREET ADDRESS 6790 ARROWROOT DR	CITY - ST - ZIP JACKSONVILLE, FL 32244		STREET ADDRESS 6790 ARROWROOT DR	CITY - ST - ZIP JACKSONVILLE, FL 32244	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>			1-15-06 (904) 284-9431		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		