


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N94000002728</b>	
<b>1. Entity Name</b> MT. PLEASANT MISSIONARY BAPTIST CHURCH OF GREEN COVE SPRINGS, FLORIDA, INC.	

<b>Principal Place of Business</b> 1300 MLK JR BLVD GREEN COVE SPRINGS, FL 32043	<b>Mailing Address</b> PO BOX 1603 GREEN COVE SPRINGS, FL 32043
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05072007 No Chg-NP CR2E037 (4/06)

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<b>4. FEI Number</b> 74-2785790	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  WRIGHT, ROBERT L 1210 EAST ST GREEN COVE SPRINGS, FL 32043
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**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** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT, ROBERT L 1210 EAST ST GREEN COVE SPRINGS, FL 32043
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DT CLARENECE, MARTIN 1202 MLK JR BLVD GREEN COVE SPRINGS, FL 32043
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DS DASHER, BETHENA 6790 ARROWROOT DR JACKSONVILLE, FL 32244
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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**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.**

<b>SIGNATURE:</b> <u>Bethena Dasher</u>	<u>5/7/07</u>	<u>(904)284-9431</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>