## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000003970

FILED Apr 28, 2005 Secretary of State

Entity Name: GREATER MT. PLEASANT PRIMITIVE BAPTIST CHURCH, INC.

	rincipal Place of Business:	New Principal Place of Business:
2100 AVE. FORT PIE	K RCE, FL 34946	
Current N	lailing Address:	New Mailing Address:
P.O. BOX FORT PIE	819 RCE, FL 34954	
FEI Number	: 65-0695434 FEI Number Applied For	( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of Current Registered Age	ent: Name and Address of New Registered Agent:
2201 SAN	, CHARLES L DIEGO AVE RCE, FL 34950 US	
	named entity submits this statement for e of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE:	
	Electronic Signature of Register	ed Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PD ( ) Delete HENDLEY, CHARLES L 2201 SAN DIEGO AVE. FORT PIERCE, FL 34946	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:	DS ( ) Delete	
Name: Address: City-St-Zip:	NOBLE, ROSE 1907 AVE. O FORT PIERCE, FL 34950	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Name: Address: City-St-Zip: Title: Name: Address:	NOBLE, ROSE 1907 AVE. O	Name: Address:
Name: Address:	NOBLE, ROSE 1907 AVE. O FORT PIERCE, FL 34950  D () Delete COBBS, CALVIN 5202 PINETREE DR. FORT PIERCE, FL 34982  D () Delete MOORE, WILLIAM 1609 N. 18TH ST	Name: Address: City-St-Zip: Title: D (X) Change ( ) Addition Name: CHESTER, JAMES Address: 3208 LOUISIANA AVENUE.
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	NOBLE, ROSE 1907 AVE. O FORT PIERCE, FL 34950  D () Delete COBBS, CALVIN 5202 PINETREE DR. FORT PIERCE, FL 34982  D () Delete MOORE, WILLIAM 1609 N. 18TH ST	Name: Address: City-St-Zip:  Title: D (X) Change () Addition Name: CHESTER, JAMES Address: 3208 LOUISIANA AVENUE. City-St-Zip: FORT PIERCE, FL 34946  Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES L. HENDLEY PD 04/28/2005