

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003970

FILED
Jan 28, 2008
Secretary of State

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

Current Principal Place of Business:

2100 AVE. K
FORT PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 819
FORT PIERCE, FL 34954

New Mailing Address:

FEI Number: 65-0695434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDLEY, CHARLES L
2201 SAN DIEGO AVE
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HENDLEY, CHARLES L
Address: 2201 SAN DIEGO AVE.
City-St-Zip: FORT PIERCE, FL 34946

Title: DS () Delete
Name: WILLIAMS, MELANIE
Address: 716 EMIL AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: CHESTER, JAMES
Address: 3208 LOUISIANA AVENUE.
City-St-Zip: FORT PIERCE, FL 34946

Title: D () Delete
Name: MOORE, WILLIAM
Address: 1609 N. 18TH ST
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: TOWNSEND, QUEEN
Address: 5335 N.W. NASSAU LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: NOBLE, STACY
Address: 1810 AVE N
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEATH, MARK
Address: 10960 MYRTLEWOOD
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

01/28/2008

Electronic Signature of Signing Officer or Director

Date