

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000479

1. Entity Name
MT. PLEASANT HOLINESS CHURCH, INC.



Principal Place of Business
399 N.W. U.S. 221
GREENVILLE, FL 32331

Mailing Address
P O BOX 158
GREENVILLE, FL 32331

FILED

08 APR -9 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3488879

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMPTON, ELLA
HWY 140-C
GREENVILLE, FL 32331

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAMPTON, ELLA PASTOR
STREET ADDRESS	P.O. BOX 545
CITY-ST-ZIP	GREENVILLE, FL 32331
TITLE	D
NAME	HAMPTON, JAMES PASTOR
STREET ADDRESS	104 EAST SEVENTH
CITY-ST-ZIP	GREENVILLE, FL 32331
TITLE	SD
NAME	TATUM, JOYCE
STREET ADDRESS	ROUTE 2 BOX 10
CITY-ST-ZIP	GREENVILLE, FL 32331
TITLE	B
NAME	JACKSON, LEE
STREET ADDRESS	P.O. BOX 158
CITY-ST-ZIP	GREENVILLE, FL 32331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700122723507
04/09/08--01013--023 **61.25

**DO NOT WRITE
IN THIS SPACE**

24/9

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: Ellen Hampton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____