

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000479

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** MT. PLEASANT HOLINESS CHURCH, INC.

**Current Principal Place of Business:**

399 N.W. U.S. 221  
GREENVILLE, FL 32331

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 158  
GREENVILLE, FL 32331

**New Mailing Address:**

**FEI Number:** 59-3488879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAMPTON, ELLA  
HWY 140-C  
GREENVILLE, FL 32331 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: HAMPTON, ELLA PASTOR  
Address: P.O. BOX 545  
City-St-Zip: GREENVILLE, FL 32331

Title: D ( ) Delete  
Name: HAMPTON, JAMES PASTOR  
Address: 104 EAST SEVENTH  
City-St-Zip: GREENVILLE, FL 32331

Title: SD ( ) Delete  
Name: TATUM, JOYCE  
Address: ROUTE 2 BOX 10  
City-St-Zip: GREENVILLE, FL 32331

Title: B ( ) Delete  
Name: JACKSON, LEE  
Address: P.O. BOX 158  
City-St-Zip: GREENVILLE, FL 32331

**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:

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: ELLA HAMPTON

PD

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date