

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90206 020 ****61.25

DOCUMENT # N98000001196

1. Entity Name:

**GREATER MOUNT PLEASANT MISSIONARY BAPTIST
CHURCH, INC.**



Principal Place of Business

**866 W. GOLDEN ST.
TALLAHASSEE FL 32304**

Mailing Address

**866 W. GOLDEN ST.
TALLAHASSEE FL 32304**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2685607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RILEY, CRAIG REV DR
866 W. GOLDEN ST.
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME DAVIS, CHRISTOPHIE
STREET ADDRESS 1913 BUCKWOOD DR
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE CD ☐ Delete
NAME RILEY SR, REV DR CRAIG P
STREET ADDRESS 3136 HAWKS LANDING DR
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE T ☐ Delete
NAME DAVIS, CHRISTOPHE
STREET ADDRESS 1913 BUCKWOOD DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE SFD ☐ Delete
NAME WHITLEY, VANNESSA
STREET ADDRESS 7356 WAGON TR LANE
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE CD ☐ Delete
NAME RILEY, CRAIG P
STREET ADDRESS 5595 PEDRICK PLANTATION CIR
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/04 850 222-9293
Date Daytime Phone #