

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006754

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC4132815351**

**Entity Name:** PLEASANT GROVE BAPTIST CHURCH OF TAYLOR COUNTY, FLORIDA, INC.

**Current Principal Place of Business:**

% KYLE ROWELL  
8985 ALTON WENTWORTH ROAD  
GREENVILLE, FL 32331

**Current Mailing Address:**

% KYLE ROWELL  
PO BOX 682  
SHADY GROVE, FL 32357-0682

**FEI Number: 20-8611331**

**Certificate of Status Desired: No**

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

ROWELL, AULEY  
1010 IRA SMITH ROAD  
GREENVILLE, FL 32331 US

*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

**Officer/Director Detail :**

Title           D  
Name           KNOWLES, HORACE MIKE  
Address        8985 ALTON WENTWORTH RD  
City-State-Zip: SHADY GOVE FL 32357

Title           D  
Name           ROWELL, AULEY  
Address        4205 IRA SMITH RD  
City-State-Zip: SHADY GROVE FL 32357

Title           D  
Name           SEVER, BERT  
Address        RT 1, BOX 16-A  
City-State-Zip: LAMONT FL 32336

Title           T  
Name           ROWELL, KYLE  
Address        8430 LUTHER WILSON ROAD  
City-State-Zip: GREENVILLE FL 32331

Title           D  
Name           SESSIONS, WALLACE  
Address        PO BOX 682  
City-State-Zip: SHADY GROVE FL 32357-0682

*I hereby 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 all other like empowered.*

**SIGNATURE: KYLE ROWELL**

**TREASURER**

**01/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date