

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002854

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC1961900949**

**Entity Name:** NEW MOUNT PLEASANT MISSIONARY BAPTIST CHURCH INC.

**Current Principal Place of Business:**

6132 FLICKER AVE  
JACKSONVILLE, FL 32219

**Current Mailing Address:**

6132 FLICKER AVE  
JACKSONVILLE, FL 32219 US

**FEI Number: 48-1296563**

**Certificate of Status Desired: Yes**

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

KELLY, ALEXIE REV.  
8758 NORFOLK BLVD.  
JACKSONVILLE, FL 32208 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            P  
Name            KELLY, ALEXIE REV.  
Address        8758 NORFOLK BLVD  
City-State-Zip: JACKSONVILLE FL 32208

Title            TR  
Name            KING, ELESIA M  
Address        11291 HARTS RD.# 1703  
City-State-Zip: JACKSONVILLE FL 32218

Title            S  
Name            RUDOLPH, TERESA A  
Address        1128 POWHATTAN ST  
City-State-Zip: JACKSONVILLE FL 32209

Title            V  
Name            JOHNSON, BOBBY L  
Address        1759 BROADWAY STREET  
City-State-Zip: JACKSONVILLE FL 32209

*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: ALEXIE ROBERT KELLY**

**PASTOR**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date