

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002854

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC7067894643**

**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.  
3216 ROSSELLE STREET  
JACKSONVILLE, FL 32205 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 3216 ROSSELLE STREET  
City-State-Zip: JACKSONVILLE FL 32205

Title TR  
Name WELLS, GLORIA R  
Address 8005 PAUL JONES DR.  
City-State-Zip: JACKSONVILLE FL 32208

Title S  
Name RUDOLPH, TERESA A  
Address 1128 POWHATTAN ST  
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 R. KELLY**

**PRESIDENT**

**01/17/2018**

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

\_\_\_\_\_  
Date