

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000009949

**Entity Name:** NEW MT PLEASANT CHILDREN OF DESTINY MINISTRIES INC.

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC4911385934**

**Current Principal Place of Business:**

6132 FLICKER AVE  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

6132 FLICKER AVE  
JACKSONVILLE, FL 32218

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

KELLY, ALEXIE R  
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 PP  
Name KELLY, ALEXIE R  
Address 8758 NORFOLK BLVD  
City-State-Zip: JACKSONVILLE FL 32208

Title V  
Name KELLY, TONGELA L  
Address 8758 NORFOLK BLVD  
City-State-Zip: JACKSONVILLE FL 32208

Title S  
Name RUDOLPH, TERESA A  
Address 6132 FLICKER AVE  
City-State-Zip: JACKSONVILLE FL 32218

Title T  
Name NEWTON, BOBBIE  
Address 6132 FLICKER AVE  
City-State-Zip: JACKSONVILLE FL 32218

Title D  
Name JOHNSON, BOBBIE  
Address 6132 FLICKER AVE  
City-State-Zip: JACKSONVILLE FL 32218

*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: REV ALEXIE KELLY**

**PASTOR**

**04/15/2016**

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

\_\_\_\_\_  
Date