

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729030 (7)

1. Corporation Name

**MT. MORIAH AFRICAN METHODIST EPISCOPAL CHURCH OF
TARPON SPRINGS, FLORIDA, INC.**



Principal Place of Business

Mailing Address

C/O JOHN E. SLAUGHTER JR
1253 PARK STREET
CLEARWATER FL 34616-5827

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1253 PARK STREET
CLEARWATER FL 34616-5827

3. Date Incorporated or Qualified
03/11/1974

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

05-0113006

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

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

24

25

Country

29

30

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLAUGHTER, JOHN E., JR.
1253 PARK ST.
CLEARWATER FL 33516**

81

Name

82

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

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VDI** ☐ DELETE
NAME **COPELAND, JOSEPH**
STREET ADDRESS **817 LERCOLM AVE.**
CITY - ST - ZIP **TARPON SPRINGS FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **SD** ☐ DELETE
NAME **COY, CORNEILA**
STREET ADDRESS **315 E. OAKWOOD ST.**
CITY - ST - ZIP **TARPON SPRINGS FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **T** ☐ DELETE
NAME **FIELDS, MALACHI**
STREET ADDRESS **828 LINCOLN AVE.**
CITY - ST - ZIP **TARPON SPRINGS FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **PERRY, DAVID REV.**
STREET ADDRESS **3424 WARBLER DR.**
CITY - ST - ZIP **HOLIDAY FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE **PD** ☐ DELETE
NAME **HAYWOOD, JESSIE** *Jessie Haywood*
STREET ADDRESS **417 MORGAN**
CITY - ST - ZIP **TARPON SPRINGS FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE **T** ☐ DELETE
NAME **THOMAS, JAMES SR**
STREET ADDRESS **429 OAKLEAF BLVD**
CITY - ST - ZIP **OSMAR FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jessie Haywood* **Jessie Haywood 3-4-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)