## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** \* CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

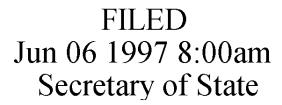
Secretary of State 1 **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #

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

Principal Place of Business

Mailing Address





1253 PARK STREET CLEARWATER FL 34816-5827		1253 PARK STREET CLEARWATER FL 34616-5827							
OCCAMINATION	7 L 01010-5027	VERMINIEM TE 04010-	JOE!			3. Date Incorporated or Qualified 03/11/1974	3a. Date of Las 03/08	st Report /1996	
<u> </u>	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21	<del></del>	26				05-0113006		Not Applicable	
Sulte, Apt.		Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Counti			This corporation has liability for intangible tax under s. 199.032,			
24	25	29]	30			Florida Statutes Yes No			
	9. Name and Address of Curren	t Registered Agent		<b>81</b> N	lame	10. Name and Address of New Rec	istered Agent		
A. 4.101				ין ויי	Name			1	
SLAUGHTER, JOHN E., JR. 1253 PARK ST.			ľ	82 Street Address (P.O. Box Number is Not Acceptable)					
	VATER FL 33516		t	83		······································	<del></del>		
	•		}	<b>84</b> C	City	- A se construction	<b>—.</b> 85 Z	ip Code	
- 22 5							FL	`	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating):  DATE									
12.	OFFICERS AND		13.	Agent 6	ignature requi	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT	ORS IN 12	
TITLE	VOT Trust		1.1 TIT	LE		7.651161616171116161716	Chan		
NAME	COPELAND, JOSEPH	- <del>-</del>	1.2 NA	ME .					
STREET ADDRESS	817 LERCOLM AVE.		1.3 ST	REET ADO	DRESS			[3	
CITY-ST-ZIP	TARPON SPRINGS FL.		1.4 CIT	[Y - ST - ZI	ıp				
TITLE	80 Steward	DELETE	2.1 T(T	LE.		- No. 41	☐ Chan	e Addition	
NAME	COY, CORNEILA		2.2 NA	ME					
STREET ADDRESS	315 E. OAKWOOD ST.		2.3 STI	REET ADD	RESS				
CITY-ST-ZIP	TARPON SPRINGS FL		2 4 01	TY- <u>\$</u> I-Z	JP				
TITLE	1	DELETE	3.1 117	LE	ーナノ	Llouis Laste	Chan	ge 🔲 Addition	
NAME	FIELDS, MALACHI		3.2 NA	ME	1	TOUR CONTRACT	e		
STREET ADDRESS	828 LINCOLN AVE.			REET ADD	ress   S	23 Juncon	RO	]	
CITY-ST-ZIP	TARPON SPRINGS FL D ASSISTANT PO	ctor   DELETE		TY-ST-Z	119 4	Jassie Laste gas Lincoln An Farpen Spruces.	Ja,		
TITLE	PERRY, DAVID REV.	stor DELETE	4.1 TIT		[	, ,	L Chang	ge L Addition	
NAME	S424 WARBLER DR.		4. 2 NA						
STREET ADDRESS	HOLIDAY FL			REET ADD					
CITY-ST-ZIP TITLE	PD Pastor	DELETÉ		LE .			Chang	ne Addition	
NAME	HAYWOOD, JESSIE		5.1 III 5.2 NA		4 1/2 00	on the wife of the	// Criang		
STREET ADDRESS	417 MORGAN		1	ME REET ADD	IRESS	_	11 //	100	
CITY-ST-ZIP	TARPON SPRINGS FL			Y-ST-ZI			TI) (U/ (U)	ソグメ ー	
TITLE	T Slavard	DELETE	6.1 TIT				Chang	e Addition	
NAME	THOMAS, JAMES SR		6.2 NA	,- <b>-</b>	14.	Ç 20000320 \$12/97—0100	9672		
STREET ADDRESS	429 OAKLEAF BLVD			REET ADD	RESS - T	D6/12/970100	2031	ļ	
CITY-ST-ZIP	OSMAR FL			Y-ST-Z		***61.25			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1 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.