2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007
Secretary of State

DOCUMENT# 729030

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

Current Principal Place of Business:

722 S. DISSTON AVENUE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 326
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 05-0113006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RICHARDSON, RUBEN
P. O. BOX 326
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	COPELAND, JOSEPH	
Address:	817 LINCOLN AVE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	S	( ) Delete
Name:	COY, CORNEILA	
Address:	315 E. OAKWOOD ST.	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	T	( ) Delete
Name:	LASTER, FLOSSIE	
Address:	823 LINCOLN AVE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	AP	( ) Delete
Name:	PERRY, DAVID REV.	
Address:	463 E MORGAN STREET	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	P	( ) Delete
Name:	HOLLINGSWORTH, HERBERT	
Address:	417 MORGAN	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	T	( ) Delete
Name:	ROBERTS, EDWARD	
Address:	828 LINCOLN AVENUE	
City-St-Zip:	TARPON SPRINGS, FL 34689	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HERBERT HOLLINGSWORTH P 08/06/2007

Electronic Signature of Signing Officer or Director — Date