FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 MAR 10 PM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31310 (8)

1. Corporation Name

MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF PLANT CITY, FLORIDA, INC.

Principal Place of Business	Mailing Address
911 EAST WARREN STREET 911 EAST WARREN ST., PO BOX 3401 PLANT CITY FL 33564-0401	911 EAST WARREN STREET 911 EAST WARREN ST., PO BOX 3401 PLANT CITY FL 33564-0401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1989
3a. Date of Last Report: 06/24/1994
4. FEI Number: 59-2940814 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26 Post Office Box 3401
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: Plant City, Fla.
24 Zip / 25 Country	29 Zip: 33564 / 30 Country: USA

9. Name and Address of Current Registered Agent

ANDERSON, SHERRY T
1002 E M L KING, JR BLVD
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Sherry T. Anderson, Sherry T. Anderson, Clerk 3-4-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☒ Addition
NAME	BROOM, RUBYE	1.2 NAME	Wright, Betty
STREET ADDRESS	19 S. MARYLAND AVEN	1.3 STREET ADDRESS	701 E. McDonald Road
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	Plant City, Florida 33567
TITLE	D	2.1 TITLE	D ☐ Change ☒ Addition
NAME	GREEN, GLORIA	2.2 NAME	Cooper, Janice
STREET ADDRESS	1802 E. OHIO STREET	2.3 STREET ADDRESS	1811 E. Ohio Street
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	Plant City, Florida 33566
TITLE	D	3.1 TITLE	D ☐ Change ☒ Addition
NAME	HARVEY, ENEASE	3.2 NAME	DuPont, Julius
STREET ADDRESS	17 S. GORDON ST.	3.3 STREET ADDRESS	1203 W. Bates Street
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	Plant City, Florida
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	MCDANIEL, JAMES	4.2 NAME	Moseley, Dorothy
STREET ADDRESS	507 SOUTH ALLEN STREET DELETE	4.3 STREET ADDRESS	1318 E. Louisiana Street
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	Plant City, Florida 33566
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	THOMAS, LEONARD	5.2 NAME	Lewis, Cardell
STREET ADDRESS	1325 ALAMEDA DR. NO.	5.3 STREET ADDRESS	205 Spruce Street
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Plant City, Florida 33566
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	WASHINGTON, PATRICIA	6.2 NAME	Wilson, Steve
STREET ADDRESS	309 SOUTH MERRIN STREET DELETE	6.3 STREET ADDRESS	915 E. Warren Street
CITY-ST-ZIP	PLANT CITY FL	6.4 CITY-ST-ZIP	Plant City, Florida 33566

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)(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 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: Sherry T. Anderson 3/4/95 813-754-8113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0082880