

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

**PO BOX 3401
PLANT CITY FL 33564
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
03/22/1989

3a. Date of Last Report
02/02/1996

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Sherry T. Anderson *Sherry T. Anderson*

8/19/97

Signature, typed, 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** ☐ DELETE
NAME **BROOM, RUBY**
STREET ADDRESS **19 S. MARYLAND AVEN**
CITY-ST-ZIP **PLANT CITY FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Carla Miller**
1.3 STREET ADDRESS **911 E. Warren St**
1.4 CITY-ST-ZIP **Plant City, Fla 33566**

TITLE **D** ☐ DELETE
NAME **GREEN, GLORIA**
STREET ADDRESS **1802 E. OHIO STREET**
CITY-ST-ZIP **PLANT CITY FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Barbara Hamilton**
2.3 STREET ADDRESS **911 E. Warren Street**
2.4 CITY-ST-ZIP **Plant City, Fla 33566**

TITLE **D** ☐ DELETE
NAME **HARVEY, ENEASE**
STREET ADDRESS **17 S. GORDON ST.**
CITY-ST-ZIP **PLANT CITY FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MOSELEY, DOROTHY**
STREET ADDRESS **1318 E LOUISIANA ST**
CITY-ST-ZIP **PLANT CITY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **THOMAS, LEONARD**
STREET ADDRESS **1325 ALAMEDA DR. NO.**
CITY-ST-ZIP **LAKELAND FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **WILSON, STEVE**
STREET ADDRESS **915 E WARREN ST**
CITY-ST-ZIP **PLANT CITY FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 *Sherry T. Anderson* **8/19/97**

CR2E037 (4/97)