

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 911 EAST WARREN STREET 911 EAST WARREN ST., PO BOX 3401 PLANT CITY FL 33564-0401	Mailing Address PO BOX 3401 PLANT CITY FL 33564 US
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3. Date Incorporated or Qualified 03/22/1989	4. FEI Number 59-2940814	Applied For ☐ Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
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 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOM, RUBY 19 S. MARYLAND AVEN PLANT CITY FL ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Barbara Hamilton 2430 Cedarcrest Place Valrico, Fla 33594 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, GLORIA 1802 E. OHIO STREET PLANT CITY FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Betty Wright 701 McDonald Road Plant City, Fla 33567 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, ENEASE 17 S. GORDON ST. PLANT CITY FL ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Janice Cooper 1811 E. Ohio St. Plant City, Fla 33566 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSELEY, DOROTHY 1318 E LOUISIANA ST PLANT CITY FL ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Julius DuPont 1203 W. Bate St. Plant City, Fla 33566 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, LEONARD 1325 ALAMEDA DR. NO. LAKELAND FL ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, CARLETTE 911 E WARREN ST PLANT CITY FL ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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: *[Signature]* 1/21/98 911-254-8113

CR2E037 (10/97)