

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31310

1. Entity Name

MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF PLANT

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90057 050 ****61.25

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 33564-3401
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2940814

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME HAMILTON, BARBARA
STREET ADDRESS 2430 CEDARCREST PL
CITY-ST-ZIP VALRICO FL 33594

TITLE D ☐ Change ☒ Addition
NAME Gardner, Genevieve
STREET ADDRESS 13 S. Maryland Ave
CITY-ST-ZIP Plant City, Fla 33566

TITLE D ☐ Delete
NAME WRIGHT, BETTY
STREET ADDRESS 701 McDONALD RD
CITY-ST-ZIP PLANT CITY FL 33567

TITLE D ☐ Change ☒ Addition
NAME Miller, Mary Nell
STREET ADDRESS 1807 E. Warren St.
CITY-ST-ZIP Plant City, Fla 33566

TITLE D ☒ Delete
NAME COOPER, JANICE
STREET ADDRESS 1811 E OHIO ST
CITY-ST-ZIP PLANT CITY FL 33566

TITLE D ☐ Change ☒ Addition
NAME Cromatic, Patricia
STREET ADDRESS 403 S. Lake St.
CITY-ST-ZIP Plant City, Fla 33566

TITLE D ☐ Delete
NAME DUPONT, JULIUS
STREET ADDRESS 1203 W BATER ST
CITY-ST-ZIP PLANT CITY FL 33566

TITLE D ☐ Change ☒ Addition
NAME Cooper, Marjorie
STREET ADDRESS 1904 E. Ohio St.
CITY-ST-ZIP Plant City, Fla 33566

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MILLER, CARLETTE
STREET ADDRESS 911 E WARREN ST
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR:E037 19/99