

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90042 015 *****61.25

DOCUMENT # N31310

1. Entity Name

MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF PLANT

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**

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
 After September 12, 2001, min. will be \$236.25**

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	GARDNER, GENEVIEVE	
STREET ADDRESS	13 S MARYLANA AVE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	☐ Delete
NAME	WRIGHT, BETTY	
STREET ADDRESS	701 McDONALD RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	D	☐ Delete
NAME	MILLER, MARY N	
STREET ADDRESS	1807 W WARREN ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	☐ Delete
NAME	DUPONT, JULIUS	
STREET ADDRESS	1203 W BATER ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	☐ Delete
NAME	THOMAS, LEONARD	
STREET ADDRESS	1325 ALAMEDA DR. NO.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	☐ Delete
NAME	MILLER, CARLETTE	
STREET ADDRESS	911 E WARREN ST	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	D	☐ Change ☒ Addition
NAME	David Reeves	
STREET ADDRESS	915 E. Warren St.	
CITY-ST-ZIP	Plant City, Fla 33566	
TITLE	D	☐ Change ☒ Addition
NAME	Marjorie Cooper	
STREET ADDRESS	1904 E. Ohio St.	
CITY-ST-ZIP	Plant City, Fla 33566	
TITLE	D	☐ Change ☒ Addition
NAME	Patricia Cromartie	
STREET ADDRESS	403 S. Lake St.	
CITY-ST-ZIP	Plant City, Fla 33566	
TITLE	D	☐ Change ☒ Addition
NAME	Cardell Lewis	
STREET ADDRESS	626 Spruce St.	
CITY-ST-ZIP	Plant City, Fla 33566	
TITLE	D	☐ Change ☒ Addition
NAME	Stephen Burnett	
STREET ADDRESS	1003 West 11th St.	
CITY-ST-ZIP	Lakeland, Fla 33805	
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 REQUIRED
 Signature and typed or printed name of signing officer or director
Sherry T. Anderson, Clerk 8/17/01 (813) 754-8113

0011085

CR2E037 (5/01)