2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90071 033 ****61.25

DOCUMENT # N31310

1. Entity Name

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

Principal Place of Business	Mailing Address
1 EAST WARREN STREET 1 EAST WARREN ST., PO BOX 3401 LANT CITY FL 33564-0401	PO BOX 3401 PLANT CITY FL 33564 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2940814 ☐ Applied For ☐ Not Applicable

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

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 Sherry T. Anderson, Sherry T. Anderson, Clerk 02/05/02
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		
TLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
ME	GARDNER, GENEVIEVE		NAME		
REET ADDRESS	13 S MARYLANA AVE		STREET ADDRESS		
TY-ST-ZIP	PLANT CITY FL 33566		CITY-ST-ZIP		
TLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
ME	WRIGHT, BETTY		NAME		
REET ADDRESS	701 MCDONALD RD		STREET ADDRESS		
TY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP		
TLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
ME	MILLER, MARY N		NAME		
REET ADDRESS	1807 W WARREN ST		STREET ADDRESS		
TY-ST-ZIP	PLANT CITY FL 33566		CITY-ST-ZIP		
TLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
ME	DUPONT, JULIUS		NAME		
REET ADDRESS	1203 W BATER ST		STREET ADDRESS		
TY-ST-ZIP	PLANT CITY FL 33566		CITY-ST-ZIP		
TLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
ME	THOMAS, LEONARD		NAME		
REET ADDRESS	1325 ALAMEDA DR. NO.		STREET ADDRESS		
TY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP		
LE	D	☐ Delete	TITLE		☐ Change ☐ Addition
ME	MILLER, CARLETTE		NAME		
REET ADDRESS	911 E WARREN ST		STREET ADDRESS		
TY-ST-ZIP	PLANT CITY FL		CITY-ST-ZIP		

CR2E037 (9/01)

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: Sherry T. Anderson Sherry T. Anderson 02/05/02 (863)534-0845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #