2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N31310

1. Entity 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

01122004 No Chg-NP CR2E037 (10/03)

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

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sherry D. Anderson, Sherry T. Anderson, Secretary/Clerk 02/02/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000035389
02/06/04-80016-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARDNER, GENEVIEVE
STREET ADDRESS	13 S MARYLANA AVE
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	D
NAME	WRIGHT, BETTY
STREET ADDRESS	701 MCDONALD RD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	D
NAME	NELOMS, JAMES
STREET ADDRESS	5634 E. DORADO AVE.
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	D
NAME	THOMAS, LEONARD
STREET ADDRESS	1325 ALAMEDA DR. NO.
CITY-ST-ZIP	LAKELAND, FL
TITLE	D
NAME	MILLER, CARLETTE
STREET ADDRESS	911 E WARREN ST
CITY-ST-ZIP	PLANT CITY, FL
TITLE	D
NAME	ELLIS, GAIL
STREET ADDRESS	1301 OAK POINTE LANE
CITY-ST-ZIP	PLANT CITY, FL 33566

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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: Sherry D. Anderson, Sherry T. Anderson 02/02/04 (813)754-8113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #