2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N31310

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

Current Principal Place of Business:

911 EAST WARREN STREET
PLANT CITY, FL 33563

New Principal Place of Business:

902 EAST ALABAMA STREET
PLANT CITY, FL 33563

Current Mailing Address:

PO BOX 3401
PLANT CITY, FL 33563 US

New Mailing Address:

FEI Number: 59-2940814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MC DANIEL, JAMES R
1505 TOZIER PLACE
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GARDNER, GENEVIEVE
Address: 13 S MARYLAND AVE
City-St-Zip: PLANT CITY, FL 33536

Title: D ( ) Delete
Name: WRIGHT, BETTY
Address: PO BOX 1662
City-St-Zip: PLANT CITY, FL 33564

Title: C ( ) Delete
Name: REEVES, MARK D
Address: 915 E WARREN STREET
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete
Name: THOMAS, LEONARD,
Address: 1325 ALAMEDA DR. NO.
City-St-Zip: LAKELAND, FL 33805

Title: SD ( ) Delete
Name: MILLER, CARLETTE
Address: 1110 SOUTHERN AVE
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete
Name: ELLIS, GAIL
Address: 1301 OAK POINTE LANE
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLETTE MILLER SD 01/14/2009

Electronic Signature of Signing Officer or Director — Date