

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90251 042 ****61.25

DOCUMENT # N31310

1. Entity Name

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



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
US**

90002359



☒ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

Sherry T. Anderson, Sherry T. Anderson, Clerk

Jan. 12, 2003

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
Florida 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 **Director** ☐ Change ☒ Addition
NAME **James Neloms**
STREET ADDRESS **5034 EL Dorado Ave.**
CITY-ST-ZIP **Lakeland, Fla 33809**

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

TITLE **Director** ☐ Change ☒ Addition
NAME **Gail Ellis**
STREET ADDRESS **1301 Oak Pointe Lane**
CITY-ST-ZIP **Plant City, Fla 33566**

TITLE **D** ☒ Delete
NAME **MILLER, MARY N**
STREET ADDRESS **1807 W WARREN ST**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **Director** ☐ Change ☒ Addition
NAME **Marjorie Cooper**
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 **Director** ☐ Change ☒ Addition
NAME **Darvia Reeves**
STREET ADDRESS **915 E. Warren St.**
CITY-ST-ZIP **Plant City, Fla 33566**

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

TITLE **Director** ☐ Change ☒ Addition
NAME **Stephen Burnett**
STREET ADDRESS **1003 W. 11th Street**
CITY-ST-ZIP **Lakeland, Fla 33805**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 T. Anderson, Sherry T. Anderson* Jan. 12 2003 (863) 534-0845

CR2E037 (10/02)