

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90026 004 ****70.00

0018942

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000002173

1. Corporation Name
THE GREATER MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF MELBOURNE, FLORIDA, INC.

Principal Place of Business
 3125 SOUTH MAIN STREET
 MELBOURNE FL 32901

Mailing Address
 3125 SOUTH MAIN STREET
 MELBOURNE FL 32901



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	805 E. Davis St. Melb. FL 32901	04/15/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	Melbourne, FL 32901	59-3280524	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUGGS, JESSE E 805 EAST DAVIS STREET MELBOURNE FL 32901				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Rev. Jesse E. Buggs DATE: JAN 7, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP DELETE	1.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUGGS, JESSE E E	1.2 NAME	Rev. Hazel Buggs
STREET ADDRESS	805 E. DAVIS ST.	1.3 STREET ADDRESS	805 E. Davis Street
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	DV DELETE	2.1 TITLE	Vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMER, ALEXANDER	2.2 NAME	Rev. Jesse Buggs, Sr.
STREET ADDRESS	737 HENRY ST. NE	2.3 STREET ADDRESS	805 E. Davis St.
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	DST DELETE	3.1 TITLE	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEY, BETTYE J	3.2 NAME	Barbara Simmons
STREET ADDRESS	3319 HENRY ST.	3.3 STREET ADDRESS	2826 Lipscomb St
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Knotasha Sypher/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	4214 Overlook Dr.
STREET ADDRESS		4.3 STREET ADDRESS	Palm Bay, FL 32905
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Shirley Maye/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	909 Cedar Drive
STREET ADDRESS		5.3 STREET ADDRESS	Melbourne, FL 32901
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. Jesse E. Buggs DATE: JAN 7, 1999 DAYTIME PHONE: 407-952-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)