SIGNATURE	: TRACY MOORE			02/06/2019
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	VP	Title	SECRETARY	
Name	SMITH, ALVIN	Name	HARRIS, ELAINE	
Address	1308 CENTENNIAL WAY	Address	899 FIDDLELEAF CIRCLE	
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	WEST MELBOURNE FL 32904	4
Title	TREASURER	Title	Р	
Name	BROWN, ANNIE P	Name	MOORE, TRACY	
Address	512 FISKE BLVD	Address	2747 WENTWORTH PLACE	
City-State-Zip:	COCOA FL 32922	City-State-Zip:	COCOA FL 32926	

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004221

Entity Name: METROPOLITAN MISSIONARY BAPTIST CHRUCH, INC.

## Current Principal Place of Business:

474 KING STREET COCOA, FL 32922

## **Current Mailing Address:**

474 KING STREET COCOA, FL 32922

## FEI Number: 45-4912768

Name and Address of Current Registered Agent:

MOORE, TRACY TRACY MOORE 2747 WENTWORTH PLACE COCOA, FL 32926 US

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 hereby 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 all other like empowered.

## SIGNATURE: TRACY A MOORE

PRESIDENT

02/06/2019

Electronic Signature of Signing Officer/Director Detail

FILED Feb 06, 2019 Secretary of State 6406096173CC

Certificate of Status Desired: Yes

Date