2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 740257

1. Entity Name
MOUNT MORIAH PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
418 N EIGHTH ST FT PIERCE, FL 34950 US	1402 NORTH 29TH STREET FT PIERCE, FL 34947-1988

04152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3132436
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LITTLE, EARL
1402 NORTH 29TH ST
FT PIERCE, FL 34947

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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 Earl F. Little Earl F. Little 4-15-06
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, 2006

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

000005128864
05/02/06-80029-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILSON, LEON A
STREET ADDRESS	2714 S. 10TH ST.
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	D
NAME	GAINES, BERNICE
STREET ADDRESS	371 SUNRISE DR
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	SD
NAME	JONES, TERRY
STREET ADDRESS	2601 BENNETT DR.
CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	TD
NAME	SMALLEY, LONNIE
STREET ADDRESS	703 DUNDAS CT.
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	TD
NAME	HODGES, ALZ
STREET ADDRESS	324 N. 17TH ST.
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	TD
NAME	GAINES, BERNICE
STREET ADDRESS	371 SUNRISE DR
CITY-ST-ZIP	FORT PIERCE, FL 34950

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Terry Jones Chm. Dea. Bd. 4-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TERRY JONES