

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740257

FILED
Apr 20, 2009
Secretary of State

Entity Name: MOUNT MORIAH PRIMITIVE BAPTIST CHURCH, INC.

Current Principal Place of Business:

418 N EIGHTH ST
FT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

1402 NORTH 29TH STREET
FT PIERCE, FL 349471988

New Mailing Address:

P.O.BOX 1658
FT PIERCE, FL 34954 US

FEI Number: 59-3132436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LITTLE, EARL
1402 NORTH 29TH ST
FT PIERCE, FL 34947 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: PD () Delete
Name: WILSON, LEON A
Address: 2714 S. 10TH ST.
City-St-Zip: FORT PIERCE, FL 34982

Title: SD () Delete
Name: MCGRIFF, HARRIETT
Address: 2806 AVE. Q
City-St-Zip: FORT PIERCE, FL 34947

Title: SD () Delete
Name: JOHNSON, WALTER
Address: 2221 N. 51ST
City-St-Zip: FORT PIERCE, FL 34946

Title: TD () Delete
Name: SMALLEY, LONNIE
Address: 703 DUNDAS CT.
City-St-Zip: FORT PIERCE, FL 34950

Title: TD () Delete
Name: HODGES, ALZ
Address: 324 N. 17TH ST.
City-St-Zip: FORT PIERCE, FL 34950

Title: TD () Delete
Name: GAINES, BERNICE
Address: 371 SUNRISE DR
City-St-Zip: FORT PIERCE, FL 34950

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
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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: LEON A. WILSON

P D

04/20/2009

Electronic Signature of Signing Officer or Director

Date