

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746605

FILED
Apr 23, 2005
Secretary of State

Entity Name: MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF PALM BAY, FLORIDA, INC.

Current Principal Place of Business:

2295 ADAMS ST.
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

2295 ADAMS ST.
PALM BAY, FL 32905 US

New Mailing Address:

FEI Number: 59-2419474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEDY, HATTIE T.
2295 ADAMS ST.
PALM BAY, FL 32905 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: DS () Delete
Name: KENNEDY, HATTIE T DIR
Address: 500 E. RYOLAND ST.
City-St-Zip: MELBOURNE, FL 32901 US

Title: T () Delete
Name: MAPP, WILLIE TREA
Address: 1403 E. GIBBS ST.
City-St-Zip: MELBOURNE, FL 32901 US

Title: PD () Delete
Name: COCHRAN, EDDIE C PRES
Address: 295 ROMAN AV. NE
City-St-Zip: PALM BAY, FL 32907 US

Title: CD () Delete
Name: HARVIN, MOSES DEA
Address: 1924 JACQUES DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: C () Delete
Name: WALKER, ANNIE CLERK
Address: 727 RANDOLPH ST
City-St-Zip: PALM BAY, FL 33905 US

Title: VD () Delete
Name: JONES, ERNEST L VICE
Address: 411 ULM RD. NW
City-St-Zip: PALM BAY, FL 32907 US

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
Name:
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 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 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: EDDIE C COCHRAN

PD

04/23/2005

Electronic Signature of Signing Officer or Director

Date