## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0200000060

FILED Apr 29, 2011 Secretary of State

Entity Name: MT. MORIAH MISSIONARY BAPTIST CHURCH OF GAINESVILLE, INC.

| Current Principal Place of Business:   |                             | New Principal Place of Business: |                                   |
|--|-----------------------------|----------------------------------|-----------------------------------|
| 718 SE 11TH ST.<br>GAINESVILLE, FL 32601   |                             |                                  |                                   |
| Current Mailing Address:   |                             | New Mailing Address:             |                                   |
| 8609 SW 55TH PL.<br>GAINESVILLE, FL 32608  |                             |                                  |                                   |
| FEI Number:  | FEI Number Applied For ( )  | FEI Number Not Applicable (X)    | Certificate of Status Desired ( ) |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent:  |                             |                                  | New Registered Agent:             |
| GALLMON, FREEMAN<br>8609 SW 55TH PL.<br>GAINESVILLE, FL 32608  | 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. |                             |                                  |                                   |
| SIGNATURE:   |                             |                                  |                                   |
| Electronic   | Signature of Registered Age | nt                               | Date                              |
| OFFICERS AND DIRECT  | ORS:                        |                                  |                                   |

Title:

GALLMON, FREEMAN Name: Address: 8609 SW 55 PL GAINESVILLE, FL 32608 City-St-Zip:

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: FREEMAN GALLMON 04/29/2011 D