2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008567

FILED Sep 09, 2003 Secretary of State

Entity Name: MT. MORIAH MISSIONARY BAPTIST CHURCH OF THE PALM BEACHES, INC.

Current Principal Place of Business: New Principal Place of Business: 2301 N. TAMARIND AVENUE WEST PALM BEACH, FL 33407 **Current Mailing Address: New Mailing Address:** P. O. BOX 8592 WEST PALM BEACH, FL 33407 FEI Number: 57-1138590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PITTMAN, RALPH W SR. PITTMAN, RALPH W SR. 1264 PINÉ SAGE CIRCLE **310 31ST STREET** WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33409 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: 09/09/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition MAYS, CYNTHIA P Name: Name: Address: Address: 4763C ORLEANS COURT City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33415 Title: Title: () Change (X) Addition () Delete THOMPSON, CARMEN R Name: Name: Address: Address: 6113 CAMP LEE ROAD City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33417 Title: () Delete Title: **TRUS** () Change (X) Addition WARD, BELLE Name: Name: 566 PALM BEACH LAKES BOULEVARD Address: Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33401 Title: () Delete Title: REV. () Change (X) Addition Name: Name: PITTMAN, RALPH W SR. 1264 PINE SAGE CIRCLE Address: Address: WEST PALM BEACH, FL 33407 City-St-Zip: City-St-Zip: Title: () Delete Title: DEA () Change (X) Addition KITTRELL, SAMPSON Name: Name: **1026 19TH STREET** Address: Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33407 Title: () Delete Title: () Change (X) Addition MILLER, RC JR. Name: Name: Address: Address: 1512 40TH STREET WEST PALM BEACH, FL 33407 City-St-Zip: 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: CYNTHIA P. MAYS MRS. 09/09/2003