2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N19232

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

Current Principal Place of Business:

3500 18TH AVE SO
ST. PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

3500 18TH AVE SO
ST. PETERSBURG, FL 33711

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WARD, REVEREND ROBERT L.
12110 HAZEN AV
THONOTOSASSA, FL 33592 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:	D	( ) Delete
Name:	WARD, ROBERT L.,	
Address:	12110 HAZEN AVE	
City-St-Zip:	THONOTOSASSA, FL 33592	
Title:	T	( ) Delete
Name:	WILLIAMS, JOE,	
Address:	2439 1/2 8TH AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33713	
Title:	T	( ) Delete
Name:	PATTERSON, NATHANIEL,	
Address:	4817 25TH AVE. SO.	
City-St-Zip:	ST. PETERSBURG, FL 33711	
Title:	T	( ) Delete
Name:	SIRMAN, HENRY,	
Address:	1727 DAYTON ST. SO.	
City-St-Zip:	ST PETERSBURG, FL 33711	

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:	

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: ROBERT L. WARD D 04/29/2005

Electronic Signature of Signing Officer or Director — Date