


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N20342
 1. Entity Name
NEW MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF MIAMI, INCORPORATED



Principal Place of Business 6700 NW 14TH AVE MIAMI, FL 33147 US	Mailing Address P.O. BOX 420574 MIAMI, FL 33142 US
---	--

DO NOT WRITE IN THIS SPACE



03132003 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2813525	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WINDSOR, JESSE
 15730 NW 27 PLACE
 OPA LOCKA, FL 33054**

DO NOT WRITE IN THIS SPACE

I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**Filing Fee is \$61.25
 Due by September 8, 2004**

8. Election Campaign Financing, Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE S	HANDY, RUBY 10490 SW 171 ST MIAMI, FL 33157
TITLE TR	ANDERSON, ALBERTA 5573 NW 24 AVE MIAMI, FL 33142
TITLE PCT	WINDSOR, JESSE 15730 NW 27TH PLACE OPA LOCKA, FL 33054
TITLE DD	WILFORK, LONNIE 19676 NW 33 PLACE OPA LOCKA, FL 33055
TITLE VD	ALDIN, HANNA R 3134 NW 49TH STREET MIAMI, FL 33142
TITLE D	JONES, ELEMAN 2935 NW 68 STREET MIAMI, FL

000000161582
 05/27/04-80001-016 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jesse Windsor Jesse WINDSOR 5-24-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr