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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24141 (6)**  
1. Corporation Name  
**MOUNT MORIAH MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business <b>676 CHRISTOPHER ST. ST. AUGUSTINE FL 32095 US</b>	Mailing Address <b>1008 COLLIER STREET ST. AUGUSTINE FL 32095-0564</b>
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3. Date Incorporated or Qualified <b>12/29/1987</b>	3a. Date of Last Report <b>11/20/1996</b>
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2. Principal Place of Business <b>21 Mount Moriah Missionary</b> Suite, Apt. #, etc. <b>22 676 Christopher St.</b> City & State <b>23 St. Augustine FL</b> Zip <b>24 32095</b>	2a. Mailing Address <b>26 1008 Collier Blvd</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 St. Augustine, FLA.</b> Zip <b>29 32095</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**NELSON, DAVID L  
1008 COLLIER BLVD.  
ST. AUGUSTINE FL 32095**

10. Name and Address of New Registered Agent

81 Name <b>David L Nelson</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1008 Collier Blvd</b>
83
84 City <b>St. Augustine</b>
85 Zip Code <b>FL 32095</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **DAVID L. NELSON** DATE **1/23/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>C</b>	<input type="checkbox"/>
NAME	<b>NELSON, DAVID L</b>	
STREET ADDRESS	<b>1008 COLLIER BLVD</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>CLARK, LEONARD</b>	
STREET ADDRESS	<b>1008 WEST KING STREET</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>TROTMAN, BEVERLY</b>	
STREET ADDRESS	<b>400 AIKEN STREET</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>WILLIAMS, BARBARA J</b>	
STREET ADDRESS	<b>866 COLLIER BLVD</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DAVID L NELSON** 1/23/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)