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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N24141 (6)  
1. Corporation Name  
MOUNT MORIAH MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business: 676 CHRISTOPHER ST. ST. AUGUSTINE FL 32095 US  
Mailing Address: 1008 COLLIER STREET ST. AUGUSTINE FL 32095-0564

3. Date Incorporated or Qualified: 12/29/1987  
3a. Date of Last Report: 11/20/1996

2. Principal Place of Business: 21. Mount Moriah Missionary Baptist Church  
22. 676 Christopher St.  
23. St. Augustine FL  
24. Zip 32095 Country USA

2a. Mailing Address: 26. 1008 Collier Blvd  
27. Suite, Apt. #, etc.  
28. St. Augustine, FLA.  
29. Zip 32095 Country USA

4. FEI Number: NOT APPLICABLE  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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: David L Nelson  
82. Street Address: 1008 Collier Blvd  
83.  
84. City: St. Augustine FL 85. Zip Code: 32095

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  
(NOTE: Registered Agent signature required when reinstating)

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

CR2E037 (9/96)