

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 MOUNT MORIAH MISSIONARY BAPT. CHURCH 676 CHRISTOPHER ST. ST. AUGUSTINE FL 32095 US	Mailing Address 29 ST. AUGUSTINE FL 32095 US
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3. Date Incorporated or Qualified 12/29/1987	Applied For NOT APPLICABLE	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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
 Nelson, David L. P.O. Box 2095
 82 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input type="checkbox"/> DELETE	1.1 TITLE C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NELSON, DAVID L		1.2 NAME	
STREET ADDRESS 1008 COLLIER BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP ST. AUGUSTINE FL 32095		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARK, LEONARD		2.2 NAME	
STREET ADDRESS 1008 WEST KING STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP ST. AUGUSTINE FL 32095		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TROTMAN, BEVERLY		3.2 NAME	
STREET ADDRESS 400 AIKEN STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP ST. AUGUSTINE FL 32095		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, BARBARA J		4.2 NAME	
STREET ADDRESS 866 COLLIER BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP ST. AUGUSTINE FL 32095		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: _____ SIGNATURE REQUIRED *David L Nelson 2-2-98*

CR2E037 (10/97)