

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|  |   |
|--|---|
| Principal Place of Business<br>MOUNT MORIAH MISSIONARY BAPT. CHURCH<br>676 CHRISTOPHER ST.<br>ST. AUGUSTINE FL 32095<br>US | Mailing Address<br>29<br>ST. AUGUSTINE FL 32095<br>US |
|--|---|

|   |                               |                |
|---|-------------------------------|----------------|
| 3. Date Incorporated or Qualified<br>12/29/1987 | Applied For<br>NOT APPLICABLE | Not Applicable |
|---|-------------------------------|----------------|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>23 City & State<br>24 Zip Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |
|---|--|

|  |
|--|
| 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |   |
|--------------------|---|---|
| 1.1 TITLE          | C | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |   |
| 1.3 STREET ADDRESS |   |   |
| 1.4 CITY-ST-ZIP    |   |   |
| 2.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |   |
| 2.3 STREET ADDRESS |   |   |
| 2.4 CITY-ST-ZIP    |   |   |
| 3.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |   |
| 3.3 STREET ADDRESS |   |   |
| 3.4 CITY-ST-ZIP    |   |   |
| 4.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |   |
| 4.3 STREET ADDRESS |   |   |
| 4.4 CITY-ST-ZIP    |   |   |
| 5.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |   |
| 5.3 STREET ADDRESS |   |   |
| 5.4 CITY-ST-ZIP    |   |   |
| 6.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |   |
| 6.3 STREET ADDRESS |   |   |
| 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)