

2000 UNIFORM BUSINESS REPORT (UBR)

3/7/00-90101-038-\$70.00-\$70.00

DOCUMENT # **N24141**

FILED

Entity Name

00 MAR 27 AM 11:53

MOUNT MORIAH MISSIONARY BAPTIST CHURCH, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

CHRISTOPHER ST
AUGUSTINE FL 32095

1008 COLLIER BLVD
ST. AUGUSTINE FL 32095-0564
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

676 Christopher St.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

32095

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, DAVID L
1008 COLLIER BLVD
ST AUGUSTINE FL 32095

Name **Rev. Ronald L. Stafford**

Street Address (P.O. Box Number is Not Acceptable)

655 Christopher Street

City **St. Augustine**

FL

Zip Code

32095

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.

Rev. Ronald L. Stafford
Signature, typed or printed name of registered agent and title if applicable.

2/17/00
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TR	NELSON, DAVID L	1008 COLLIER BLVD	ST. AUGUSTINE FL 32095	<input checked="" type="checkbox"/>
T	ELLIS, CHARLES	3678 CRAZY HORSE TRAIL	SAINT AUGUSTINE FL 32086	<input type="checkbox"/>
TR	TROTMAN, BEVERLY	400 AKEN STREET	ST. AUGUSTINE FL 32095	<input checked="" type="checkbox"/>
S	WILLIAMS, BARBARA J	866 COLLIER BLVD	ST. AUGUSTINE FL 32095	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Ronald L. Stafford	655 Christopher Street	St. Augustine Florida 32095	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Evelyn C. Stafford	659 Christopher Street	St. Augustine, FL 32095	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	George Borim	441 N. Ches Street	St. Augustine, FL 32095	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: *Rev. Ronald L. Stafford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00 904-824-9887
Date Daytime Phone #

KE

CR2E037 (9/99)