2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N24141

Entity Name: MOUNT MORIAH MISSIONARY BAPTIST CHURCH, INC.

FILED May 04, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 676 CHRISTOPHER ST ST. AUGUSTINE, FL 32095 US **Current Mailing Address: New Mailing Address:** 676 CHRISTOPHER ST ST. AUGUSTINE, FL 32095 US **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STAFFORD, RONALD L REV 655 CHRISTOPHER STREET ST AUGUSTINE, FL 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STAFFORD, RONALD L Name: Name: Address: 655 CHRISTOPHER ST Address: City-St-Zip: ST. AUGUSTINE, FL 32095 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: ELLIS, CHARLES Name: Address: 3678 CRAZY HORSE TRAIL Address: City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: Title: () Delete Title: () Change () Addition STAFFORD, EVELYN C Name: Name: 659 CHRISTOPHER ST Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32095 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILLIAMS, BARBARA J Name: 866 COLLIER BLVD Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32095 City-St-Zip: Title: () Delete Title: () Change () Addition BOROM, GEORGE Name: Name: 441 N. CLAY STREET Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32095 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. RONALD L. STAFFORD D 05/04/2002