

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL -9 AM 9:18

DOCUMENT # N24414 (7)

1. Corporation Name

MOSES TABERNACLE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

C/O W.C. BANKS
759 36TH AVENUE SOUTH
ST. PETERSBURG FL 33705

3631 22ND AVENUE SOUTH
759 36TH AVENUE SOUTH
ST. PETERSBURG FL 33705
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/20/1988** 3a. Date of Last Report **08/22/1994**

4. FEI Number **54-2886640** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **759 36 AVE S**

26 **3631 22 AVE S**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **St. Petersburg**

27 **759 36 AVE S**

23 City & State

28 City & State

24 **St. Petersburg, FL**

28 **St. Petersburg, FL**

24 Zip

29 Zip

25 **33705**

29 **33705 US**

25 Country

30 Country

25 **Pinellas**

30 **Pinellas**

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**BANKS, W.C.
759 36TH AVENUE SOUTH
ST. PETERSBURG FL 33705**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Rev. W.C. Banks **Rev. W.C. BANKS** *Registered Agent 6-4-95*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD**
NAME **BANKS, W.C.**
STREET ADDRESS **759 36TH AVENUE S.**
CITY - ST - ZIP **ST. PETERSBURG FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **V**
NAME **POWELL, BEULAH**
STREET ADDRESS **2568 13 AVE. S.**
CITY - ST - ZIP **ST. PETERSBURG FL 33712**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **BROWN, CLARENCE**
STREET ADDRESS **2568 13 AVE S.**
CITY - ST - ZIP **ST. PETERSBURG FL 33712**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **SD**
NAME **BROWN, GERTRUDE**
STREET ADDRESS **1308 14TH AVENUE SOUTH**
CITY - ST - ZIP **ST. PETERSBURG FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **HARRIS, BERNICE**
STREET ADDRESS **127 WASHINGTON AVE. N.**
CITY - ST - ZIP **ST. PETERSBURG FL 33702**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Bernice Harris **Bernice Harris** *5/31/95* **813 894-3836**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #

0055880