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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N24414

MOSES TABERNACLE MISSIONARY BAPTIST CHURCH, INC.

Principal Plac	ce of Business	Mailing Address								
759 36TH AVE S		3631 22ND AVE S			1 (80)(80) BUT AND BUTCH BUTCH CARD		N ORBIG BIOLOGIC			
C/O WC BANKS		759 36TH AVE S								
ST PETERSBURG FL 33705		ST PETERSBURG FL 33711			()64411191 014 (8011 010) 8 01461 (846) 1	LIEI BIBII DIDI	H BUBUI BHBUI BUB			
US		US								
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2. Principal Place of Business		2a. Mailing Address	_			3. Date Incorporated or Qualifed				
21		26 Suite Apt # eta			01/20/1988 4. FEI Number Applied For				l	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	—					Applied For Not Applicable		
City & Stat	to	City & State	· · · · ·			54-2886640				١.
·	ie	⊢ '				5. Certifcate of Status Desired		\$8.75 A		١
23 Zip	Country	Zip	Cou	ntn/					`	ł
¬ '		— ·	Zip Country			6. Election Campaign Financing		\$5.00	•	l
24	9. Name and Address of Current		30	Г		Trust Fund Contribution 10. Name and Address of New Re	adistored A	Added to	o rees	
	o. Name and Address of Guitern	registered Agent		81	Name	TO Hame and Address of New No.	Mistered y	-gent	-	į
					144110					ļ
BANKS, V			82 Street Add			ss (P.O. Box Number is Not Acceptat	ole)			Ì
	AVENUE SOUTH			83		· · · · · · · · · · · · · · · · · · ·				
SI. PETE	RSBURG FL 33705									
				84	City		FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statute	s. the a	bove-r	named corpor	ration submits this statement for the p		changing its	registered	
office or r	registered agent, or both, in the State of	of Florida. Such change was a	uthorized	by the						
agent. i a	am familiar with, and accept the obligati	ions of, Section 617.0503, Flor	ioa Stati	Jies.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if enniroshle (NOTE:	Registered	Agent si	ianature required w	when reinstating)	DATE			
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI		Registered	Agent si	ignature required w		DATE	D DIRECTO	RS IN 12	
	OFFICERS AND		<u> </u>		ignature required w	when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12	
12.	OFFICERS AND	DIRECTORS	13. 1.1 TR	TLE .	ignature required w					
12. TITLE NAME	OFFICERS AND CD BANKS, W.C.	DIRECTORS	13. 1.1 TII 1.2 NA	TLE						
12. TITLE NAME STREET ADDRESS	OFFICERS AND CD BANKS, W.C. 759 36TH AVENUE S.	DIRECTORS	13. 1.1 TR 1.2 NA 1.3 ST	TLE ME REET AC	DDRESS					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND CD BANKS, W.C. 759 36TH AVENUE S. ST. PETERSBURG FL	D DIRECTORS	13. 1.1 TR 1.2 NA 1.3 ST 1.4 CI	TLE MME REET AL TY-ST-Z	DDRESS			Change	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND CD BANKS, W.C. 759 36TH AVENUE S. ST. PETERSBURG FL V	DIRECTORS	13. 1.1 TR 1.2 NA 1.3 ST 1.4 CI 2.1 TR	TLE ME REET AL TY-ST-Z	DDRESS					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND CD BANKS, W.C. 759 36TH AVENUE S. ST. PETERSBURG FL V POWELL, BEULAH	D DIRECTORS	13. 1.1 TR 1.2 NA 1.3 ST 1.4 CI 2.1 TR 2.2 NA	TLE ME REET AL TY-ST-Z TLE ME	DDRESS ZIP			Change	Addition	
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90051 030 ****61.25