

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18, 1999 8:00am
Secretary of State

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

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24414

1. Corporation Name

MOSES TABERNACLE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

759 36TH AVE S
C/O WC BANKS
ST PETERSBURG FL 33705
US

Mailing Address

3631 22ND AVE S
759 36TH AVE S
ST PETERSBURG FL 33711
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/20/1988

4. FEI Number

54-2886640

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE V
NAME POWELL, BEULAH
STREET ADDRESS 2566 13 AVE. S.
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE D
NAME BROWN, CLARENCE
STREET ADDRESS 2566 13 AVE S.
CITY-ST-ZIP ST. PETERSBURG FL 33712

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/99 727-337-1507

CR2E037 (11/98)