

**2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 16, 2004**  
**Secretary of State**

DOCUMENT# N24414

**Entity Name:** MOSES TABERNACLE MISSIONARY BAPTIST CHURCH, INC.**Current Principal Place of Business:**3631 22ND AVE.SO.  
ST PETERSBURG, FL 33711 US**New Principal Place of Business:****Current Mailing Address:**759 36TH AVE.SO.  
ST PETERSBURG, FL 33705 US**New Mailing Address:**4429 10TH AVE SOUTH  
ST PETERSBURG, FL 33711 US**FEI Number:** 59-2886640**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DORIS BANKS-, SANDERS J CD  
759 36TH AVE.SO.  
ST. PETERSBURG, FL 33705 US**Name and Address of New Registered Agent:**THOMPSON, JAMES PASTOR  
4429 10TH AVE SOUTH  
ST. PETERSBURG, FL 33711 US

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: JAMES THOMPSON

12/16/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: DORIS BANKS-, SANDERS J CD  
Address: 759 36TH AVE.SO.  
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: V (X) Delete  
Name: POWELL, BEULAH  
Address: 301 13TH ST.NO. APT#702  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D (X) Delete  
Name: BROWN, CLARENCE DEACON  
Address: 3911 8TH ST.SO.  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D (X) Delete  
Name: RUBY, TURNER  
Address: 1453 HIGHLAND ST.SO.  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: SD (X) Delete  
Name: HARRIS, BERNICE  
Address: 127 WASHINGTON AVE.NO.  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D (X) Delete  
Name: JOYCE, WALLACE  
Address: 839 40TH AVE SO.  
City-St-Zip: SAINTPETERSBURG, FL 33705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: THOMPSON, JAMES CD  
Address: 4429 10TH AVE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33711

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JAMES THOMPSON

P

12/16/2004

Electronic Signature of Signing Officer or Director

Date