


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

| | | |
|--|---|---|
| DOCUMENT # N31310 1. Entity Name MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF PLANT CITY, FLORIDA, INC. | |  |
| Principal Place of Business 911 EAST WARREN STREET PLANT CITY, FL 33563 | Mailing Address PO BOX 3401 PLANT CITY, FL 33563 US | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent MC DANIEL, JAMES R 1505 TOZIER PLACE PLANT CITY, FL 33563 | | DO NOT WRITE IN THIS SPACE |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | |
| SIGNATURE: <u><i>James R. McDaniel</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> | | DATE: <u>1/15/06</u> |
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE | D | |
| NAME | GARDNER, GENEVIEVE | |
| STREET ADDRESS | 13 S MARYLAND AVE | |
| CITY-STATE-ZIP | PLANT CITY, FL 33536 | |
| TITLE | D | |
| NAME | WRIGHT, BETTY | |
| STREET ADDRESS | PO BOX 1662 | |
| CITY-STATE-ZIP | PLANT CITY, FL 33564 | |
| TITLE | C | |
| NAME | REEVES, MARK D | |
| STREET ADDRESS | 915 E WARREN STREET | |
| CITY-STATE-ZIP | PLANT CITY, FL 33563 | |
| TITLE | D | |
| NAME | THOMAS, LEONARD | |
| STREET ADDRESS | 1325 ALAMEDA DR. NO. | |
| CITY-STATE-ZIP | LAKELAND, FL 33805 | |
| TITLE | SD | |
| NAME | MILLER, CARLETTE | |
| STREET ADDRESS | 1110 SOUTHERN AVE | |
| CITY-STATE-ZIP | PLANT CITY, FL 33563 | |
| TITLE | D | |
| NAME | ELLIS, GAIL | |
| STREET ADDRESS | 1301 OAK POINTE LANE | |
| CITY-STATE-ZIP | PLANT CITY, FL 33563 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | |
| SIGNATURE: <u><i>Carlette D. Miller</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | DATE: <u>1-22-06</u> DAYTIME PHONE #: <u>863-686-6926</u> |



01142006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 59-2940814 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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02/06/06-80018-003 61.25

**DO NOT WRITE
IN THIS SPACE**