


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N31310</b> 1. Entity Name <b>MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF PLANT CITY, FLORIDA, INC.</b>	
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Principal Place of Business <b>911 EAST WARREN STREET PLANT CITY, FL 33563</b>	Mailing Address <b>PO BOX 3401 PLANT CITY, FL 33563 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01282007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  <b>MC DANIEL, JAMES R 1505 TOZIER PLACE PLANT CITY, FL 33563</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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>James R. McDaniel</u> 2/4/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, GENEVIEVE 13 S MARYLAND AVE PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, BETTY PO BOX 1662 PLANT CITY, FL 33564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C REEVES, MARK D 915 E WARREN STREET PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, LEONARD 1325 ALAMEDA DR. NO. LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, CARLETTE 1110 SOUTHERN AVE PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, GAIL 1301 OAK POINTE LANE PLANT CITY, FL 33563

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U00000628796  
02/16/07-80031-014 61.25

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>Carlette D. Miller</u> Feb 4, 2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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