

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

95 MAR -2 PM 2: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41305 (6)

1. Corporation Name

MT. MORIAH MISSIONARY BAPTIST CHURCH OF OCALA, I
NC.

Principal Place of Business

Mailing Address

55 S.W. THIRD AVENUE
OCALA FL 32671-2002

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OCALA FL 32671-2002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1990

3a. Date of Last Report

02/10/1994

4. FEI Number

59-2392080

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status



\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 2883

23 City & State

27 City & State

28 OCALA FL

24 Zip Country

29 34478 30 MARION

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORDHAM, EDMOND L
1711 N.W. 18TH AVE
OCALA FL 34474

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BROWN, OSCAR
STREET ADDRESS 2810 N.W. MARTIN L. KING DRIVE
CITY-ST-ZIP OCALA FL

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

TITLE D
NAME EASON, JOHN
STREET ADDRESS 406 SW 10TH AVENUE
CITY-ST-ZIP OCALA FL

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

TITLE D
NAME FORDHAM, EDMOND
STREET ADDRESS 1711 NW 18TH AVENUE
CITY-ST-ZIP OCALA FL

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

TITLE D
NAME WASHINGTON, FRANK JR.
STREET ADDRESS 2030 SW 7TH STREET
CITY-ST-ZIP OCALA FL

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

TITLE D
NAME LONG, BONITA O
STREET ADDRESS 2310 SW 7TH ST
CITY-ST-ZIP OCALA FL 34474

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Edmond L. Fordham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDMOND L. FORDHAM

901-622-9852

Date

Signature Over