

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N41305 (6)

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

**P O BOX 2883
OCALA FL 34478
US**



3. Date Incorporated or Qualified
12/18/1990

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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* - Edmond L Fordham

2/19/96 352-622-9882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DeStine Phone #

CR2E037 (12/95)