SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

# NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Sep 02 1998 8:00am
Secretary of State

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<br>OCALA FL 32671-8002 | P O BOX 2883<br>OCALA FL 34478<br>US |

3. Date Incorporated or Qualified: 12/18/1990

4. FEI Number: 59-2392080 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | OPERATIONS OFFICER | ☐ Change ☒ Addition |
| NAME | BROWN, OSCAR | | 1.2 NAME | ROBERT M. THOMAS | |
| STREET ADDRESS | 2810 N.W. MARTIN L. KING DRIVE | | 1.3 STREET ADDRESS | 1807 S.W. 5TH PL | |
| CITY-ST-ZIP | OCALA FL | | 1.4 CITY-ST-ZIP | OCALA, FL 34474 | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | EASON, JOHN | | 2.2 NAME | | |
| STREET ADDRESS | 406 SW 10TH AVENUE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FORDHAM, EDMOND | | 3.2 NAME | | |
| STREET ADDRESS | 1711 NW 18TH AVENUE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WASHINGTON, FRANK JR. | | 4.2 NAME | | |
| STREET ADDRESS | 2030 SW 7TH STREET | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LONG, BONITA O | | 5.2 NAME | | |
| STREET ADDRESS | 2310 SW 7TH ST | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA FL 34474 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 7/8/98 352-622-9882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #