FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N41305 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

P O BOX 2883 OCALA FL 34478

26

27

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90067 023 ****70.00



3. Date incorporated or Qualifed

5. Certifcate of Status Desired

12/18/1990

59-2392080

4. FEI Number

<u> </u>	28					3. Certificate of States Des		Fee Req	uired
Zip	Country	Zip	3	Country		Election Campaign Fina Trust Fund Contribution	ncing	\$5.00 N Added to	- 1
24	9. Name and Address of Curr	29		<u> </u>		10. Name and Address of	New Registered	Agent	
	9. Name and Address of Curr	elit Kedistelen	Agent	81	Name				
•	Control of the second								
FORDHAM, EDMOND L				82	Street Add	ress (P.O. Box Number is Not A	(cceptable)		. ;
1711 N.W. 18TH AVE				83		<u></u>			3 - 3
OCALA FL 34474									
				84	City		FL	85 Zip Ci	ode
44 5	to the provisions of Sections 617.0	502 and 617 150	8 Florida Statutes	the abov	e-named corp	poration submits this statement	for the nurnose of	changing its r	egistered
						Oll 2 Dould of disposor of the earl	accept the appoi	ntment as reg	
agent. I ar	m familiar with, and accept the obli	gations of, Secu	on 617.0503, FIO <u>II</u>	ia Statutes			1/10	190	
SIGNATURE EDMOND L. FORDHAM Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE									
12.		AND DIRECTOR	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES	TO OFFICERS AN		
TITLE	D ,		☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	BROWN, OSCAR			1.2 NAME					
STREET ADDRESS	2810 N.W. MARTIN L. KING DRIVE			1.3 STREE	T ADDRESS	* *			ļ
CITY-ST-ZIP	OCALA FL			1.4 CITY- S	ST-ZIP				
TITLE	D		DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	EASON, JOHN	•		2.2 NAME					
STREET ADDRESS	406 SW 10TH AVENUE			2.3 STREE	T ADDRESS				}
CITY-ST-ZIP	OCALA FL		- -	2. 4 CITY-	ST-ZIP			☐ Change	Addition
TITLE	D		☐ DELETE	3.1 TITLE				☐ cuange	☐ Addition
NAME	FORDHAM, EDMOND			3.2 NAME					,
STREET ADDRESS	1711 NW 18TH AVENUE			3.3 STREE	T ADDRESS		,	: .	
CITY-ST-ZIP	OCALA FL			3.4. CITY-	ST-ZIP			☐ Change	Addition
TITLE	D		☐ DELETE	4.1 TITLE				☐ Criange	
NAME	Washington, Frank Jr.			4. 2 NAME			$\mathbf{y}_{i}, \dots, \mathbf{y}_{i^{k-1}}$		
STREET ADDRESS	2030 SW 7TH STREET	•		4.3 STREE	ET ADDRESS				
CITY-ST-ZIP	OCALA FL			4.4 CITY-5	ST-ZIP	<u> </u>		Change	Addition
TITLE	D , .	,	☐ DELETE	5.1 TITLE				Onlango	
NAME	LONG, BONITA O			5.2 NAME				·	,
STREET ADDRESS	2310 SW 7TH ST				ET ADDRESS				
CITY-ST-ZIP	OCALA FL 34474	<u></u>	Decem	5.4 CITY-5 6.1 TITLE	51-4P			☐ Change	☐ Addition
TITLE	0		☐ DELETE						
NAME .	THOMAS, ROBERT M			6.2 NAME					
STREET ADDRESS	1007 017 0171 -				ET ADORESS				
CITY-ST-ZIP	OCLAL FL 34474		and suglify for	6.4 CITY-		Section 119.07(3)(i), Florida St	atutes. I further ce	ertify that the in	nformation

nereby certify that the information supplied with this limit does not qualify for the exemption stated in Section 13.07(3)(f), it letted of states it made under oath; that I am an 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, with all other like empowered.

352-622-9882

Applied For

\$8.75 Additional

Fee Required

Not Applicable