

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-15-2007 90029 048 ****61.25

DOCUMENT # N41305 1. Entity Name MT. MORIAH MISSIONARY BAPTIST CHURCH OF OCALA, INC.							
Principal Place of Business 55 S.W. THIRD AVENUE OCALA FL 32671-2002				Mailing Address P O BOX 2883 OCALA FL 34478 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2392080 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FORDHAM, EDMOND L 1711 N.W. 18TH AVE OCALA FL 34474			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
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><i>Edmond L Fordham</i></u> <u>Chair - Trustee Board</u> <u>3/23/07</u> Signature typed (printed name of registered agent and title) (NOTE: Registered Agent signature required when re-registering) DATE							
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees			
Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	BROWN, OSCAR		NAME				
STREET ADDRESS	2810 N.W. MARTIN L. KING DRIVE		STREET ADDRESS				
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	FORDHAM, EDMOND		NAME				
STREET ADDRESS	1711 NW 18TH AVENUE		STREET ADDRESS				
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	WASHINGTON, FRANK JR.		NAME				
STREET ADDRESS	2030 SW-7TH STREET		STREET ADDRESS				
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP				
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	BRADDON, MARY L		NAME				
STREET ADDRESS	1804 NW 24TH AVENUE		STREET ADDRESS				
CITY-ST-ZIP	OCALA FL 34475		CITY-ST-ZIP				
TITLE	O	☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	THOMAS, ROBERT M		NAME				
STREET ADDRESS	1807 SW 5TH PL		STREET ADDRESS				
CITY-ST-ZIP	OCALA FL 34474		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	RAWLS, ANGELA		NAME				
STREET ADDRESS	6725 SE 38TH COURT		STREET ADDRESS				
CITY-ST-ZIP	OCALA FL 34680		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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><i>Edmond L Fordham</i></u> <u>Edmond L Fordham</u> <u>3/23/07</u> <u>352-622-9882</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE CHAPTERED PHONE #							