

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

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**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90043 029 \*\*\*\*61.25

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1st MOORE CR2E037 (10/07)

<b>DOCUMENT # N41305</b>					
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		4. FEI Number 59-2392080	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORDHAM, EDMOND L 1711 N.W. 18TH AVE OCALA FL 34474			7. Name and Address of New Registered Agent		
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 <i>Edmond L Fordham</i>		SIGNATURE <i>Edmond L Fordham</i>		DATE 03/03/08	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORDHAM, EDMOND		NAME		
STREET ADDRESS	1711 NW 18TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WASHINGTON, FRANK JR.		NAME		
STREET ADDRESS	2030 SW 7TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAWLS, ANGELA		NAME		
STREET ADDRESS	6725 SE 38TH COURT		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34880		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: <i>Edmond L Fordham</i>		DATE: 3/28/08		Daytime Phone #	