

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41305

FILED
Jan 28, 2009
Secretary of State

Entity Name: MT. MORIAH MISSIONARY BAPTIST CHURCH OF OCALA, INC.

Current Principal Place of Business:

55 S.W. THIRD AVENUE
OCALA, FL 326712002

New Principal Place of Business:

Current Mailing Address:

P O BOX 2883
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-2392080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, OSCAR
Address: 2810 N.W. MARTIN L. KING DRIVE
City-St-Zip: OCALA, FL

Title: D () Delete
Name: FORDHAM, EDMOND,
Address: 1711 NW 18TH AVENUE
City-St-Zip: OCALA, FL

Title: D () Delete
Name: WASHINGTON, FRANK JR, .
Address: 2030 SW 7TH STREET
City-St-Zip: OCALA, FL

Title: S () Delete
Name: BRADDON, MARY L
Address: 1804 NW 24TH AVENUE
City-St-Zip: OCALA, FL 34475

Title: O (X) Delete
Name: THOMAS, ROBERT M
Address: 1807 SW 5TH PL
City-St-Zip: OCLAL, FL 34474

Title: D () Delete
Name: RAWLS, ANGELA
Address: 6725 SE 38TH COURT
City-St-Zip: OCALA, FL 34880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDMOND FORDHAM

D

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date