

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000000283 (0)**

1. Corporation Name

**NEW MOUNT MORIAH MISSIONARY BAPTIST CHURCH, INC...**



Principal Place of Business

Mailing Address

3870 NW 5TH STREET  
FORT LAUDERDALE FL 33311

3870 NW 5TH STREET  
FORT LAUDERDALE FL 33311

3. Date Incorporated or Qualified

**01/20/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3870 N.W. 5th Street

26 3870 N.W. 5th Street

4. FEI Number

65-0555517

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 33311

25 USA

29 33311

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, HERROD DEACON  
3870 NW 5TH STREET  
FORT LAUDERDALE FL 33311

81

Name  
**Ross, Herrod Deacon**

82

Street Address (P.O. Box Number is Not Acceptable)  
**3870 NW 5th Street**

83

84

City  
**Ft. Lauderdale, FL**

**FL**

85 Zip Code  
**33311**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  DELETE  
NAME **ROSS, HERROD DEACON**  
STREET ADDRESS **3870 NW 5TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D**  DELETE  
NAME **WILLIAMS, CLETIS T**  
STREET ADDRESS **1975 NW 172ND STREET**  
CITY-ST-ZIP **MIAMI FL 33056**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D**  DELETE  
NAME **OLIVA, ELEANOR F**  
STREET ADDRESS **1836 RUNNERS WAY**  
CITY-ST-ZIP **NO. LAUDERDALE FL 33068**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Herrod Ross Deacon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)