


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000000760</b>		
1. Entity Name <b>FIRST MOUNT MORIAH MISSIONARY BAPTIST CHURCH, INC.</b>		
Principal Place of Business <b>3401 ST. JOHN ST. SPRINGFIELD, FL 32401</b>	Mailing Address <b>3401 ST. JOHN ST. SPRINGFIELD, FL 32401</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>JOHNNY L. PEACE 2109 SUTHERLAND ROAD LYNN HAVEN, FL 32444</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	D	
NAME	BROOKS, AUDIE L.	
STREET ADDRESS	915 ELM AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	
NAME	FLOOD, JESSE G.	
STREET ADDRESS	6506 HIWASSEE ST.	
CITY-ST-ZIP	CALLAWAY, FL 32404	
TITLE	D	
NAME	PEACE, JOHNNY	
STREET ADDRESS	2109 SUTHERLAND RD.	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	D	
NAME	ALLEN, GEORGE	
STREET ADDRESS	517 COLLEGE AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	
NAME	EDWARDS, GWENDOLYN	
STREET ADDRESS	1310 WISCONSIN AVENUE	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	D	
NAME	WATSON, JEFF JR.	
STREET ADDRESS	1707 EAST 9TH COURT	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Johnny Peace</i>		2-4-07 271-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01302007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
59-2707356

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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02/14/07-80069-023 61.25