

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90343 022 ****61.25

DOCUMENT # N95000004009

1. Entity Name

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



Principal Place of Business

**1953 WEST 9TH STREET
JACKSONVILLE FL 32209**

Mailing Address

**1953 WEST 9TH STREET
JACKSONVILLE FL 32209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3375074

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

**WILLIAMS, ROWLAND V
1125 CESERY BLVD.
VENCIENT'S BUSINESS SERVICES
JACKSONVILLE FL 32211**

Name **Rev. Percy Jackson, Sr.**

Street Address (P.O. Box Number is Not Acceptable)
1953 W. 9th Street

City **Jacksonville**

FL

Zip Code
32209

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

Percy Jackson Sr.

Percy Jackson

2/5/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 **PD** ☐ Delete
NAME **JACKSON, SR., PERCY REV.**
STREET ADDRESS **2068 OLD MIDDLEBURG ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPT** ☐ Delete
NAME **JACKSON, PERCY JR.**
STREET ADDRESS **2068 MIDDLE BURG ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SMALLS, MILLEDGE**
STREET ADDRESS **823 MACKINAW STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MITCHELL, CLYDE**
STREET ADDRESS **1033 HOOD AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **SANDERS, ANNIE R**
STREET ADDRESS **2721 LOWELL AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Annie R. Sanders

Annie R. Sanders

4/25/05

*904
354
0145*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #