## **SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997** AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N96000006137 (1)

MT. MORIAH COMMUNITY HOLINESS CHURCH, INC.

Principal Place of Business

Mailing Address

**FILED** Sep 25 1997 8:00am Secretary of State

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1085 N.W. 62ND STREET Miami Fl 33150	1085 N.W. 62ND STREET MIAMI FL 33150		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified		
			12/03/1996		
2. Principal Place of Business	2a, Mailing Address	unth r.	4. FEI Number	Applied For	
21	26 5 /8 N.W.	479 Ter	C 65-0712475	Not Applicable	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	Florida	<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	\$5.00 May Be Added to Fees	
Zip Country	Zip	Country	8. This corporation owes or has pa	id the current year Intangible	
24 25	29 33/27	30 Dade	Personal Property Tax due June		
g, Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent	
WILLIAMS, BISHOP M 519 N.W. 47TH TERRACE MIAMI FL 33127		82 Street #	Williams, Bisho Address (P.O. Box Number is Not Acceptable 8 M. W. 47 & Tex	P Murray	
		84 City	Nía ma s	FL 85 Zip Code 7	
11. Pursuant to the provisions of Sections 617.050.	2 and 617.1508. Florida Statute	es, the above-named	corporation submits this statement for the p	urpose 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 age	nt and title If applicable. (NOT)	E: Registered Agent signature	required when reinstating)	DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE D	☐ DELETE	1.1 TITLE	Williams, Bishop N 518, N.W. 474 To	Change Addition	
NAME WILLIAMS, BISHOP MURRAY		1.2 NAME	WITTON TO	יצינו	
STREET ADDRESS 519 N.W. 47TH TERRACE		1.3 STREET ADDRESS	518, 100, 41, 32	120	
CITY-ST-ZIP MIAMI FL 33127	DELETE	1.4 CITY-ST-ZIP	miami Fl. 33	Change Addition	
TITLE D	CT DECEIE	2.1 TITLE	Annie Doris Carte	<i> </i>	
NAME CARTER, ANNIE DORIS		2.2 NAME 2.3 STREET ADDRESS	1725 N.W. 594 Stre	et Rear	
STREET ADDRESS 1725 N.W. 59TH STREET		2.3 STREET ADDRESS  2. 4 CITY-ST-ZIP	miami EL 33/41		
CITY-ST-ZIP MIAMI FL 33142	DELETE	3.1 TITLE	1111/2011 1-11-11-11	Change Addition	
NAME WILLIAM, NATHAN		3.2 NAME	William Nathan	, - , -	
STREET ADDRESS 4401 N.W. 191ST STREET		3.3 STREET ADDRESS	HHOIN MY 141 St		
CITY-ST-ZIP MIAMI FL 33055		3.4. CITY-ST-ZIP	miami, Fl. 3305	5	
TITLE	☐ DELETÉ	4.1 TITLE	D Williams, Dessi		
NAME		4. 2 NAME	villionis, bess.		
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE	D Curley Wimb	erly Change De Addition	
NAME		5.2 NAME	3211 N.W. 169 Miami, Fl. 3	th Tort	
STREET ADDRESS		5.3 STREET ADDRESS	10 10 10 7	27000	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1411am1, F1. 3	3 3 0 5 5 ☐ Change ☐ Addition	
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP  14. I do hereby certify that the Information supplier	d with this filing does not qualit	6.4 CITY-ST-ZIP	ated in Section 119.07(3)(i), Florida Statute	s. 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 13 if changed or on an extent ment with an address.