

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90132 048 ****70.00

DOCUMENT # N96000006137

1. Corporation Name

MT. MORIAH COMMUNITY HOLINESS CHURCH, INC.

Principal Place of Business

1085 N.W. 62ND STREET
MIAMI FL 33150

Mailing Address

518 NW 47TH TERR
MIAMI FL 33127
US



70.00

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/03/1996

4. FEI Number

65-0712475

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WILLIAMS, BISHOP M
518 NW 47TH TERR
MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE D ☐ DELETE

NAME WILLIAMS, DESSIE
STREET ADDRESS 7722 N 2 9TH AVE
CITY-ST-ZIP MIAMI FL 33150

TITLE D ☐ DELETE

NAME WILLIAMS, LILLIE
STREET ADDRESS 4401 N W. 191 TH ST
CITY-ST-ZIP MIAMI FL 33055

TITLE TD ☐ DELETE

NAME WILLIAM, NATHAN
STREET ADDRESS 4401 N.W. 191ST STREET
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME WIMBERLY, CURLEY
STREET ADDRESS 3211 NW 169TH TERR
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME Murray Williams
STREET ADDRESS 518 N.W. 47th Terr
CITY-ST-ZIP Miami Fl, 33127 Presi

TITLE ☐ DELETE

NAME Annie Doris Carter
STREET ADDRESS 1725 N.W. 59 st # B
CITY-ST-ZIP Miami, Fl. 33142 Sect/Asst TD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

AS REQUIRED

4-5-99 (305)836-5091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1198)