

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90044 030 \*\*\*\*70.00

**DOCUMENT # N96000006137**

1. Entity 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 33127-2455  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0712475**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to -  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
 NAME **WILLIAMS, DESSIE**  
 STREET ADDRESS **7722 N 2 9TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33150**

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

TITLE **D** ☐ Delete  
 NAME **WILLIAMS, LILLIE**  
 STREET ADDRESS **4401 N W 191 TH ST**  
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE **D** ☐ Change ☒ Addition  
 NAME **George Jones**  
 STREET ADDRESS **31 N.W. 85th Street**  
 CITY-ST-ZIP **miami, fl. 33150**

TITLE **TD** ☐ Delete  
 NAME **WILLIAM, NATHAN**  
 STREET ADDRESS **4401 N.W. 191ST STREET**  
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete  
 NAME **WIMBERLY, CURLEY**  
 STREET ADDRESS **3211 NW 169TH TERR**  
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **P** ☐ Delete  
 NAME **WILLIAMS, MURRAY**  
 STREET ADDRESS **518 NW TERR**  
 CITY-ST-ZIP **MIAMI FL 33127**

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

TITLE **SATD** ☐ Delete  
 NAME **CARTER, DORIS A**  
 STREET ADDRESS **1725 N.W. 59ST #B**  
 CITY-ST-ZIP **MIAMI FL 33142**

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)(i), 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: *Anna Doris Carter* **Anna Doris Carter** *2nd/ATO 05-12-2000 (305) 836-5091*

CR2E037 (1/93)