2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90397 030 ****70.00

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1. Entity Name
MT. MORIAH GREATER HOLINESS CHURCH, INC.

Principal Place of Business	Mailing Address
1009 EAST HAMILTON AVENUE TAMPA, FL 33604	1009 EAST HAMILTON AVENUE TAMPA, FL 33604

03172006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
7323 Sequoia Dr	Sequoia Drive 7323
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33637 County: Hillsborough	Zip: 33637 County: Hillsborough

4. FEI Number: 59-3458440 ☐ 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
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Rev. Norman Taylor 4/10/06
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAYLOR, NORMAN 1009 EAST HAMILTON AVENUE TAMPA, FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Norman Taylor 7323 Sequoia Dr. Tampa FL 33637	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD TAYLOR, TELLEN 1009 EAST HAMILTON AVENUE TAMPA, FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tellen Taylor 7323 Sequoia Dr Tampa FL 33637	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SINGLETON, JEROME 3748 APT B JACKSON CT TAMPA, FL 33610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lorraine Sims 8420 Jackson Spring Rd Tampa FL 33617	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Rev. Norman Taylor 4/10/06 813 914 7467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #