


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000001103

Entity Name
MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF WINTER PARK, INC.



Principal Place of Business
**421 S PENNSYLVANIA AVE
 WINTER PARK, FL 32789**

Mailing Address
**P O BOX 2044
 WINTER PARK, FL 32790-2044**

DO NOT WRITE IN THIS SPACE



03052003 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3685420 Applied For / Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PORTER, ROBERT L
 450 MORNING BLOSSOM LANE
 OVIEDO, FL 32765**

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6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COBB, A C REV 502 COMSTOCK AVE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCCAIN, KENNETH 4 CARVER CT WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PORTER, ROBERT 450 MORNING BLOSSOM LANE OVIEDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CRANFORD, CHARLIE 8323 ESPERANZA ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLISON, DAVID 140 LAKEWIND TRAIL MAITLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIRKE, BURT B DEACON 6130 TEBBETTS DR ORLANDO, FL

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 05/14/04-80001-007 70.00

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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Robert L Porter* **4/30/04 407-736-5726**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR