


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90048 048 ****70.00

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1. 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**

60033627



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02052007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-3685420

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

PORTER, ROBERT L
451 MORNING BLOSSOM LANE
OVIEDO, FL 32765

7. Name and Address of New Registered Agent

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 _____
Signature, typed 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, 2007**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	COBB, A C REV	
STREET ADDRESS	502 COMSTOCK AVE	
CITY-ST-ZIP	WINTER PARK, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRYANT, BIRKE	
STREET ADDRESS	6130 TIEBBETTS DR	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PORTER, ROBERT	
STREET ADDRESS	450 MORNING BLOSSOM LANE	
CITY-ST-ZIP	OVIEDO, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRANFORD, CHARLIE	
STREET ADDRESS	8323 ESPERANZA	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLISON, DAVID	
STREET ADDRESS	140 LAKEWIND TRAIL	
CITY-ST-ZIP	MAITLAND, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POOLE, REV. WILLIE CH	
STREET ADDRESS	4908 CENTER LANE	
CITY-ST-ZIP	ORLANDO, FL 32808	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 life empowered.

SIGNATURE *Robert L Porter, Secretary* **SECRETARY** Date *3/15/07* Daytime Phone # *407-928-5942*