2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: MT. MORIAH UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

3919 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3919 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 33-1073579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANDLER, ANITA
3919 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: KAMARA, JAMES
Address: 6709 ST AUGUSTINE RD #150
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: JONES, JOSEPHINE
Address: 4898 CHURCHILL DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: D
Name: CHANDLER, ANITA
Address: 2884 WESTBERRY HIDEAWAY COURT
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD
Name: BRITT, JOAN
Address: 726 SUNKEN MEADOW LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD
Name: CHANDLER, EARL
Address: 2884 WESTBERRY HIDEAWAY CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD
Name: MCCRAY, NINA
Address: 9433 GILCHRIST CT
City-St-Zip: JACKSONVILLE, FL 32219

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANITA D CHANDLER D 03/21/2011
Electronic Signature of Signing Officer or Director Date