

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001126

**Entity Name:** MT. MORIAH UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**3919 ST AUGUSTINE ROAD  
JACKSONVILLE, FL 32207**Current Mailing Address:**3919 ST AUGUSTINE ROAD  
JACKSONVILLE, FL 32207**FEI Number: 33-1073579****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KINSEY, EVELYN  
3919 ST AUGUSTINE ROAD  
JACKSONVILLE, FL 32207 US*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**Officer/Director Detail :**

Title	PD
Name	GREEN, BERNARD
Address	3919 ST AUGUSTINE ROAD
City-State-Zip:	JACKSONVILLE FL 32207

Title	VD
Name	CHANDLER, EARL
Address	3919 ST AUGUSTINE RD
City-State-Zip:	JACKSONVILLE FL 32207

Title	SD
Name	KINSEY, EVELYN
Address	3919 ST AUGUSTINE RD
City-State-Zip:	JACKSONVILLE FL 32207

Title	TD
Name	RIGBY-BROOKS, PEARL
Address	3919 ST AUGUSTINE RD
City-State-Zip:	JACKSONVILLE FL 32207

Title	D
Name	JONES, JOSEPHINE
Address	3919 ST AUGUSTINE RD
City-State-Zip:	JACKSONVILLE FL 32207

Title	D
Name	WANTON, ENOCH R.
Address	3919 ST AUGUSTINE RD
City-State-Zip:	JACKSONVILLE FL 32207

*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: EVELYN KINSEY****DIRECTOR (SD)****04/17/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date