

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 DANIELS, ISABELL  
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 KAMARA, JAMES  
Address 3919 ST AUGUSTINE ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title D  
Name SCOTT, ISRAEL  
Address 3919 ST AUGUSTINE ROAD  
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

SD

09/24/2015

Electronic Signature of Signing Officer/Director Detail

Date