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: BETTY ANN MARIE

Electronic Signature of Signing Officer/Director Detail

PRES Title S BETTY, ANN MARIE Name BETTY, ADAM N.T. Name Address 5523 BARNSTEAD CIR Address 5523 BARNSTEAD CIR INCRTH FL 33463

## DOCUMENT# N1800000751 Entity Name: MOUNT MORIAH DELIVERANCE CENTER, INC.

**Current Principal Place of Business:** 

5523 BARNSTEAD CIR LAKES WORTH, FL 33463

#### **Current Mailing Address:**

5523 BARNSTEAD CIR LAKES WORTH. FL 33463 US

### FEI Number: 82-4279130

#### Name and Address of Current Registered Agent:

BETTY, ANN MARIE 5523 BARNSTEAD CIR LAKES WORTH, FL 33463 US

SIGNATURE:

Title

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.

# 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2019 Secretary of State 7777778369CC

FILED

Certificate of Status Desired: No

City-State-Zip: LAKES WORTH FL 33463

04/29/2019 Date

Date

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

ify that the info

City-State-Zip:	LAKES WORTH FL 3340
Title	Т
Name	HOLNESS, DALE
Address	5523 BARNSTEAD CIR

City-State-Zip: LAKES WORTH FL 33463

PRESIDENT