

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000002512

Entity Name: MOUNTAIN OF FAITH INTERNATIONAL MINISTRIES, INC.**Current Principal Place of Business:**1201 E NEW YORK AVE
DELAND, FL 32724**Current Mailing Address:**1201 E NEW YORK AVE
DELAND, FL 32724 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HICKMAN, JOHN L APOSTLE
1201 E NEW YORK AVE
DELAND, FL 32724 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	P
Name	HICKMAN, JOHN L
Address	1201 E NEW YORK AVE
City-State-Zip:	DELAND FL 32724

Title	S
Name	HICKMAN, SHELIA A
Address	1201 E NEW YORK AVE
City-State-Zip:	DELAND FL 32724

Title	D
Name	BROWN, LENORA
Address	1006 PECAN AVE
City-State-Zip:	SANFORD FL 32771

Title	VC, DIRECTOR
Name	DENNIS, NORMAN
Address	755 LAKE MONROE RD #470282
City-State-Zip:	LAKE MONROE FL 32747

Title	D
Name	DENNIS, KARIN
Address	755 LAKE MONROE RD #470282
City-State-Zip:	LAKE MONROE FL 32747

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: KARIN N W DENNIS**DIRECTOR****04/12/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date