

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 720265**

1. Entity Name  
**MT. MORIAH CHRISTIAN CHURCH, INC.**



Principal Place of Business  
**4335 CLARK RD.  
SARASOTA, FL 34233 US**

Mailing Address  
**P.O. BOX 282  
SARASOTA, FL 34230 US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03082005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TUNSTALL, MICHAEL  
10622 EGRET HAVEN LANE  
RIVERVIEW, FL 33569**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | V                      | <input type="checkbox"/> Delete |
| NAME           | TUNSTALL, JOHNNY       |                                 |
| STREET ADDRESS | 14711 118TH ST.        |                                 |
| CITY-ST-ZIP    | SARASOTA, FL 34234     |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | TUNSTALL, MICHAEL      |                                 |
| STREET ADDRESS | 10622 EGRET HAVEN LANE |                                 |
| CITY-ST-ZIP    | RIVERVIEW, FL 33569    |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | CANNON, CHARLES        |                                 |
| STREET ADDRESS | 1606 18TH AVE W        |                                 |
| CITY-ST-ZIP    | BRADENTON, FL 34205    |                                 |
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | TUNSTALL, WESLEY       |                                 |
| STREET ADDRESS | 4335 CLARK ROAD        |                                 |
| CITY-ST-ZIP    | SARASOTA, FL 34233     |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | BARBER, THOMAS         |                                 |
| STREET ADDRESS | 3151 BERNADETTE LANE   |                                 |
| CITY-ST-ZIP    | SARASOTA, FL 34234     |                                 |
| TITLE          | S                      | <input type="checkbox"/> Delete |
| NAME           | KING, BERNADINE        |                                 |
| STREET ADDRESS | 126 MICKENS DRIVE      |                                 |
| CITY-ST-ZIP    | TRILBY, FL 33505       |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |                                                                   |
|----------------|--------------------------|-------------------------------------------------------------------|
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                   |
| STREET ADDRESS | U000000292703            |                                                                   |
| CITY-ST-ZIP    | 04/07/05-80082-002 70.00 |                                                                   |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                   |
| STREET ADDRESS |                          |                                                                   |
| CITY-ST-ZIP    |                          |                                                                   |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                   |
| STREET ADDRESS |                          |                                                                   |
| CITY-ST-ZIP    |                          |                                                                   |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                   |
| STREET ADDRESS |                          |                                                                   |
| CITY-ST-ZIP    |                          |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Michael Tunstall* **4-4-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #