2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 01, 2006 8:00 am Secretary of State DOCUMENT # N02000006610 1. Entity Name 03-01-2006 90025 008 ****70.00 MT. MORIAH APOSTOLIC CHURCH, INC. Principal Place of Business Mailing Address 8197-13 N UNIVERSITY DRIVE TAMARAC FL 33321 8197-13 N UNIVERSITY DRIVE TAMARAC FL 33321 3. Mailing Address 2. Principal Place of Business same Suite Apt. #, etc 1st MOORE CR2E037 (10/05) marac Applied For City & State 4. FEI Number 56-2289493 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORENCY, MARCÍA Street Address (P.O. Box Number s Not Acceptable) 8197-13 N UNIVERSITY DR TAMARAC FL 33321 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 agents į SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Defete MORENCY, MARCIA NAME NAME Warren Gauntleft 8241 NW 54th Street, Laud 8241 NW 54TH STREET STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33351 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE BOWERS, FAY NAME NAME 8330 N W 54TH COURT STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33351 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE MULLINGS, JULIE NAME NAME 3121 NW 47TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDEDALE LAKES FL 33319 CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, 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.

2-17-06

FILED