2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N02000009535

Entity Name: MT. MORIAH COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

3500 18TH AVENUE SOUTH
ST. PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

3500 18TH AVENUE SOUTH
ST. PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 30-0134303 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WARD, ROBERT L
12110 HAZEN AVENUE
THONOTOSASSA, FL 33592 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	CEO	( ) Delete
Name:	WARD, ROBERT L	
Address:	12110 HAZEN AVENUE	
City-St-Zip:	THONOTOSASSA, FL 33592	
Title:	D	( ) Delete
Name:	WARD, VIDA J	
Address:	12110 HAZEN AVENUE	
City-St-Zip:	THONOTOSASSA, FL 33592	
Title:	D	( ) Delete
Name:	MITCHELL, HAROLD	
Address:	998 54TH AVENUE SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33705	
Title:	D	( ) Delete
Name:	WARREN, KENNETH	
Address:	4480 CATALONIA WAY SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33712	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT L. WARD CEO 04/07/2009

Electronic Signature of Signing Officer or Director — Date