2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004500

Entity Name: MOUNT MORIAH HOUSE OF PRAYER, INC.

FILED Sep 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1101 LOCUST AVENUE SANFORD, FL 32771 US

Current Mailing Address: New Mailing Address:

1101 LOCUST AVENUE SANFORD, FL 32771 US

FEI Number: 52-2238385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ALLEN, ARGINA

1324 HICKORY AVE APT C

SANFORD, FL 32771 US

JONES, BARBARA MS.
2010 ADAMS AVE.
SANFORD, FL 32771 US

SANFORD, FL 32771 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: BARBARA JONES 09/02/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 T
 () Delete
 Title:
 CH
 (X) Change () Addition

 Iame:
 BELL, SANTELIA
 Name:
 JONES, BARBARA MS.

 Name:
 BELL, SANTELIA
 Name:
 JONES, BARBARA MS.

 Address:
 80 TYSON COURT
 Address:
 2010 ADAMS AVE.

 City-St-Zip:
 OVIEDO, FL 32765 US
 City-St-Zip:
 SANFORD, FL 32771 US

Title: C () Delete Title: COCH (X) Change () Addition Name: ALLEN, ARGINA M Name: BELL, SANTELIA MRS.

Address: 1324 HICKORY AVE APT C Address: 80 TYSON CT.

City-St-Zip: SANFORD, FL 32771 US City-St-Zip: OVIEDO, FL 32765 US

Title: FST () Delete Title: FST (X) Change () Addition Name: WASHINGTON, ALLEN JR Name: WASHINGTON, JR, ALLEN MR.

 Address:
 2441 AUSTIN AVE
 Address:
 2441 AUSTIN AVE

 City-St-Zip:
 DELTONA, FL 32738
 City-St-Zip:
 DELTONA, FL 32738

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: ALLEN WASHINGTON, JR. FST 09/02/2009