

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007952

FILED  
Apr 18, 2009  
Secretary of State

**Entity Name:** MT MORIAH FAITH DELIVERANCE HOLINESS CHURCH, INC.

**Current Principal Place of Business:**

601 EAST MALLORY STREET  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

1139 WEBSTER DRIVE  
PENSACOLA, FL 32505

**New Mailing Address:**

**FEI Number:** 35-2214423      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

LINDSEY-SMITH, YVETTE CEO  
1139 WEBSTER DRIVE  
PENSACOLA, FL 32505      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: PD ( ) Delete  
Name: LINDSEY-SMITH, YVETTE L P/T/S/C  
Address: 1139 WEBSTER DRIVE  
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete  
Name: SMITH, NICHOLAS H V/T/C  
Address: 1139 WEBSTER DRIVE  
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete  
Name: LINDSEY-BOUTWELL, MARY C C  
Address: 1139 WEBSTER DRIVE  
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete  
Name: MCGEE, TERESA D C  
Address: 6660 DALLAS AVE  
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete  
Name: BRUTON, LATANYA D C  
Address: 8535 KINGFISHER DRIVE  
City-St-Zip: PENSACOLA, FL 32534

Title: D ( ) Delete  
Name: STALLWORTH, HARRIETTE ASSIST  
Address: 422 SEAMARGE LANE  
City-St-Zip: PENSACOLA, FL 32507

**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:

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: YVETTE LINDSEY-SMITH

CEO

04/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date