

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90001 016 \*\*\*\*61.25

**DOCUMENT # N04000006634**

1. Entity Name

**MOUNTAIN MOVING EVANGELISTIC MINISTRIES, INC.**



Principal Place of Business

**2077 SAWGRASS DR  
APOPKA FL 32712**

Mailing Address

**2077 SAWGRASS DR  
APOPKA FL 32712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**41-2142391**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPIVEY, JOSEPH R  
2077 SAWGRASS DR  
APOPKA FL 32712**

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

**FILE NOW: 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 PS ☐ Delete  
NAME SPIVEY, DEBRA  
STREET ADDRESS 2077 SAWGRASS DR  
CITY-ST-ZIP APOPKA FL 32712

TITLE VTD ☐ Delete  
NAME SPIVEY, JOSEPH  
STREET ADDRESS 2077 SAWGRASS DR  
CITY-ST-ZIP APOPKA FL 32712

TITLE DT ☐ Delete  
NAME WEBB, CLYDE  
STREET ADDRESS 2419 AUBURN DR  
CITY-ST-ZIP COCOA FL 32926

TITLE DT ☐ Delete  
NAME WEBB, NANCY  
STREET ADDRESS 2419 AUBURN DR  
CITY-ST-ZIP COCOA FL 32926

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:** *Debra Spivey / Debra Spivey* *20 Jan 05* *407-880-3290*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #