


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000003257	
1. Entity Name MT. MORIAH MINISTRIES, INC.	

Principal Place of Business 2042 COLSON RD. PLANT CITY, FL 33567	Mailing Address P.O. BOX 4169 PLANT CITY, FL 33563
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DO NOT WRITE IN THIS SPACE



02212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0539298	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, FONDA C 903 N. FERRELL ST PLANT CITY, FL 33563

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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: <i>Gonda C. Brown</i>	<i>Fonda C. Brown</i>	<i>2/27/08</i>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, TERRY 2042 COLSON RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JAMES 2042 COLSON RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, ROOSEVELT 2042 COLSON RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, EMMETT SR. 2042 COLSON RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST INGRAHAM, DEREK G. 2042 COLSON RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000870672
04/09/09-80101-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Derek G. Ingraham</i>	<i>3/2/08</i> <i>863-409-2230</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>