# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 06, 2012**
**Secretary of State**

DOCUMENT# N07000003794

**Entity Name:** ALLEGHENY MOUNTAIN MINISTRIES INC.

**Current Principal Place of Business:**

3210 CHANNING DR
HOLIDAY, FL 34690

**New Principal Place of Business:**

**Current Mailing Address:**

3210 CHANNING DR
HOLIDAY, FL 34690

**New Mailing Address:**

**FEI Number: 87-0798308** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PARRY, CLARK
3210 CHANNING DR
HOLIDAY, FL 34690 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: P
Name: PARRY, CLARK
Address: 3210 CHANNING DR
City-St-Zip: HOLIDAY, FL 34690

Title: S
Name: LARSON, GARY
Address: 223 N 5TH STREET
City-St-Zip: OLEAN, NY 14760

Title: T
Name: DURKEE, LUCINDA
Address: 3210 CHANNING DR
City-St-Zip: HOLIDAY, FL 34690

Title: D
Name: WOLF, STEPHEN
Address: 3109 BIXLER DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: D
Name: HALL, SALLY
Address: PO BOX 403 CHURCH STREET
City-St-Zip: NUNDA, NY 14517

Title: D
Name: GREEN, VALENA
Address: 2689 COUNTY RD 8
City-St-Zip: FRIENDSHIP, NY 14739

I hereby 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 all other like empowered.

SIGNATURE: CLARK PARRY DIR 01/06/2012

Electronic Signature of Signing Officer or Director — Date