

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008839

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE MOUNTAIN TOP WHERE CHILDREN MEET GOD, INC.

Current Principal Place of Business:

3422 REYNOLDSWOOD DR
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3422 REYNOLDSWOOD DR
TAMPA, FL 33618

New Mailing Address:

FEI Number: 26-1308311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JAMES P
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606 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: D () Delete
Name: SMITH ADAMS, NAN
Address: 3422 REYNOLDSWOOD DR
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: ADAMS, HARRY J LT. COL
Address: 3422 REYNOLDSWOOD DR
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: SMITH, JAMES O DR.
Address: 10531 HOMESTEAD DR
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: WILLIAMS, KATHRINE
Address: 207 CHAPMAN ROAD
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: SMITH, JEFF
Address: 6149 NATIVE WOODS DR
City-St-Zip: TAMPA, FL 33625

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:

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: NAN SMITH ADAMS

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date