

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90033 044 \*\*\*\*70.00

**DOCUMENT # N07438**

1. Entity Name  
**MOUNT MORIAH AFRICAN METHODIST EPISCOPAL  
CHURCH OF WILDWOOD, INC.**



Principal Place of Business  
**2710 C.R 44 A  
WILDWOOD, FL 34785**

Mailing Address  
**P.O. BOX 541  
WILDWOOD, FL 34785**

**94005957**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**53-0204696**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SIMMONS, C R  
501 S. ST. CLAIR STREET  
WILDWOOD, FL 34785**

7. Name and Address of New Registered Agent

Name **Robert Caruthers**

Street Address (P.O. Box Number is Not Acceptable)

**323 S. Old Wire Road**

City **Wildwood,**

FL

Zip Code **34785**

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

*Robert Caruthers*

**Robert Caruthers/Steward 1/19/04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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 NAME	D DESUE, THOMAS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	112 W. ADAMS ST. STE.1814	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE NAME	D BLAIR, TERRELL L SR, PAS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5429 LESCOT LANE	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE NAME	T HAUGABROOKE, GLORIA	<input type="checkbox"/> Delete
STREET ADDRESS	2111 P.H. STREET	
CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE NAME	T MAPP, TERRY	<input type="checkbox"/> Delete
STREET ADDRESS	901 JACKSON ST.	
CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE NAME	S SIMMONS, C.R.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	501 SOUTH STREET CLAIR	
CITY-ST-ZIP	WILDWOOD, FL	
TITLE NAME	T WALLACE, SHIRLEY	<input type="checkbox"/> Delete
STREET ADDRESS	711 4TH STREET	
CITY-ST-ZIP	WILDWOOD, FL 34785	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D Pastor Annette C. Martin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1205 Huey Street	
CITY-ST-ZIP	Wildwood, FL 34785	
TITLE NAME	T Charlie Jacobs	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2518 C.R. 222	
CITY-ST-ZIP	Wildwood, FL 34785	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

*Annette C. Martin*

**Annette C. Martin 1/19/04**

Date

**352-748-0411**

Daytime Phone #