


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N07438 1. Entity Name MOUNT MORIAH AFRICAN METHODIST EPISCOPAL CHURCH OF WILDWOOD, INC.	
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Principal Place of Business 2710 C.R 44 A WILDWOOD, FL 34785	Mailing Address P.O. BOX 541 WILDWOOD, FL 34785
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DO NOT WRITE IN THIS SPACE



01152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 53-0204696	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARUTHERS, ROBERT 323 S OLD WIRE ROAD WILDWOOD, FL 34785	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	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 MARTIN, ANNETTE C PASTOR 1205 HUEY STREET WILDWOOD, FL 34785	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP T JACOBS, CHARLIE 2518 C.R. 222 WILDWOOD, FL 34785	
TITLE NAME STREET ADDRESS CITY-ST-ZIP T HAUGABROOKE, GLORIA 211 P.H. STREET WILDWOOD, FL 34785	
TITLE NAME STREET ADDRESS CITY-ST-ZIP T MAPP, TERRY 901 JACKSON ST. WILDWOOD, FL 34785	
TITLE NAME STREET ADDRESS CITY-ST-ZIP T WALLACE, SHIRLEY 711 4TH STREET WILDWOOD, FL 34785	
TITLE 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: <i>Annette C. Martin</i> Annette C. Martin 01-28-05 (352) 748-0411	Date Signature Phone #
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