2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 8:00 am Secretary of State

DOCUMENT # N07438 1. Entity Name MOUNT MORIAH AFRICAN METHODIST EPISCOPAL CHURCH OF WILDWOOD, INC.						02-23-2006 9	0011 033	****70.00)
2710 C.R 44 A P.O.		Mailing Address P.O. BOX 541 WILDWOOD, FL 34785	.O. BOX 541					1) man 015 (1 0 (10)	Nas & 1881
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		3. Mailing Address	, Mailing Address			 	NIL 81911 71711 618) Bibu bibu bib	(is, 11 681
Suite, Apt, #, etc.		Suite, Apt. #, etc.			02052006	Chg-NP	CR2E03	37 (11/05)	
City & State		City & State			4. FEI Number 53-020	er 14696		<u> </u>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add	
	-6. Name and Address of Current F	Registered Agent			7. Name and	Address of New			·
CARUTHERS, ROBERT.			N	lame					
323 S OLD WIRE ROAD WILDWOOD, FL 34785			Street Address		P.O. Box Numb	er is Not Acceptab	ole)		. "
•	24 2.7			City				Tim Cod	
, ·		<u> </u>			FL Zip Code				
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 Signature, typed or printed name of registered agent and tibe if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Age	ent signature required	d when reinstating)		DATE		
s F	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	aign Finar	neing _	\$5.00 May E Added to Fees		DATE Make check orida Depart	payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Finar ntribution.	ncing	\$5.00 May E Added to Fees		Make check	payable to	ate
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR D MARTIN, ANNETTE C PASTOR 1205 HUEY STREET	9. Election Camp Trust Fund Co	naign Finar ntribution. 111. TITLE NAME STREET AL	DDRESS 120	\$5.00 May E Added to Fees ADDITIONS/CH	Annettec Street	Make check prida Depart ERS AND DIF	payable to timent of St	ate
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2. The early deat the information supplied with this filling does not quality for the event-pilotis contained in Chapter 119, Provide 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: (

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OS 6N 352-748=04118

Daytime Phone #