2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N08000006193

Entity Name: MT MORIAH A.M.E. CHURCH INC

Current Principal Place of Business:

1539 E 27TH STREET
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 37527
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 80-0206529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCSWAIN, JOANNE
1539 E 27TH STREET
JACKSONVILLE, FL 32206 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 ( ) Delete
Name: DESUE, GARY C SR
Address: 7395 VOLLEY DRIVE NORTH
City-St-Zip: JACKONVILLE, FL 32277

Title: VP ( ) Delete
Name: MCSWAIN, JOANNE
Address: 1539 E 27TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: T ( ) Delete
Name: HAGGINS, BLANCHE
Address: 1539 E 27TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: S ( ) Delete
Name: DENNIS, CHINA BELLE
Address: 1539 E 27TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DESUE, GARY C SR
Address: 1178 ROMAINE CIRCLE E.
City-St-Zip: JACKONVILLE, FL 32257

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: JOANNE MCSWAIN VP 03/10/2009

Electronic Signature of Signing Officer or Director Date