

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90092 050 \*\*\*\*70.00

<b>DOCUMENT # N24141</b> 1. Entity Name <b>NEW MOUNT MORIAH CHRISTIAN MINISTRY, INC.</b>					
Principal Place of Business <b>676 CHRISTOPHER ST ST. AUGUSTINE, FL 32084 US</b>			Mailing Address <b>676 CHRISTOPHER ST ST. AUGUSTINE, FL 32084 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3078341</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>STAFFORD, RONALD L REV. 655 CHRISTOPHER STREET ST AUGUSTINE, FL 32084</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STAFFORD, RONALD L</b> <b>655 CHRISTOPHER ST</b> <b>ST. AUGUSTINE, FL 32095</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Stafford, Ronald L</b> <b>15 Christopher Street</b> <b>St. Augustine, FL 32084</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ELLIS, CHARLES</b> <b>3678 CRAZY HORSE TRAIL</b> <b>SAINT AUGUSTINE, FL 32086</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Stafford, Evelyn C</b> <b>655 Christopher Street</b> <b>St. Augustine, FL 32084</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>STAFFORD, EVELYN C</b> <b>659 CHRISTOPHER ST</b> <b>ST. AUGUSTINE, FL 32095</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Williams, Barbara J</b> <b>866 COLLIER BLVD</b> <b>ST. AUGUSTINE, FL 32095</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BOROM, GEORGE</b> <b>441 N. CLAY STREET</b> <b>ST. AUGUSTINE, FL 32095</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Stafford, Evelyn C</b> <b>655 Christopher Street</b> <b>St. Augustine, FL 32084</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ELLIS, CHARLES</b> <b>3678 CRAZY HORSE TRAIL</b> <b>SAINT AUGUSTINE, FL 32086</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Williams, Barbara J</b> <b>866 COLLIER BLVD</b> <b>ST. AUGUSTINE, FL 32095</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Ronald L. Stafford</i> <b>RONALD L. STAFFORD</b> 4/22/04 904-824-8884					