2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N24141 1. Entity Name NEW MOUNT MORIAH CHRISTIAN MINISTRY, INC.				04	04-27-2004 90092 050 ****70.00			
Principal Place of Business 676 CHRISTOPHER ST ST. AUGUSTINE, FL 32084 US ST. AUGUSTINE, FL 32084			B4 US					
2. Principal Place of Business 3. M		3. Mailing Address	Mailing Address		NEMBE NAME WEBBI KINC NEMBE NEMBE	I DEGIT WIEL DIGET DEEP	III ei iari	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182004 CI	ng-NP CR2E	E037 (10/03)		
City & State		City & State		4. FEI Number 59-307834	1	خداجيا	plied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registers	ed Agent		
STAFFORD, RONALD L REV.			Name	Name				
655 CHRISTOPHER STREET ST AUGUSTINE, FL 32084			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			City		F	Zip Cod	e	
8. The above	named entity submits this statement for	registered agent, or both, in	•		and accept			
	tions of registered agent.	,, and parpose of onlinging new	- J					
SIGNATURE								
1	Closet to beneficial name of registered agent	and title if applicable (NOTE: f	Registered Agent signatur	re required when reinstaling)	DAT	ΓE		
<u> </u>	Signature, typed or printed name of registered agent			re required when reinstating)	T		······································	
	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make ch	eck payable to		
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make ch	eck payable to partment of SI DIRECTORS IN	tate	
TITLE	Filing Fee Is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	paign Financing intribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make ch Florida Dej ES TO OFFICERS AND	eck payable to	tate	
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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 suppliemental 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 for the precipier or justice in provered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the corporation of

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR OFFICER

Date Saytime Prione