

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24141

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: NEW MOUNT MORIAH CHRISTIAN MINISTRY, INC.

**Current Principal Place of Business:**

676 CHRISTOPHER ST  
ST. AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

676 CHRISTOPHER ST  
ST. AUGUSTINE, FL 32084 US

**New Mailing Address:**

FEI Number: 59-3078341      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

STAFFORD, RONALD L REV.  
655 CHRISTOPHER STREET  
ST AUGUSTINE, FL 32084 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: D ( ) Delete  
Name: STAFFORD, RONALD L  
Address: 15 CHRISTOPHER ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: T ( ) Delete  
Name: ELLIS, CHARLES  
Address: 3678 CRAZY HORSE TRAIL  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T ( ) Delete  
Name: STAFFORD, EVELYN C  
Address: 655 CHRISTOPHER ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: S ( ) Delete  
Name: WILLIAMS, BARBARA J  
Address: 866 COLLIER BLVD  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: T ( ) Delete  
Name: BOROM, GEORGE  
Address: 441 N. CLAY STREET  
City-St-Zip: ST. AUGUSTINE, FL 32095

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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 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: RONALD L. STAFFORD

D

04/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date