

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