

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N24141

1. Entity Name
NEW MOUNT MORIAH CHRISTIAN MINISTRY, INC.



Principal Place of Business Mailing Address

**676 CHRISTOPHER ST
 ST. AUGUSTINE FL 32084
 US** **676 CHRISTOPHER ST
 ST. AUGUSTINE FL 32084
 US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For / Not Applicable

59-3078341

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STAFFORD, RONALD L REV.
 655 CHRISTOPHER STREET
 ST AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	STAFFORD, RONALD L	15 CHRISTOPHER ST	SAINT AUGUSTINE FL 32084	<input type="checkbox"/>
T	ELLIS, CHARLES	3678 CRAZY HORSE TRAIL	SAINT AUGUSTINE FL 32086	<input type="checkbox"/>
T	STAFFORD, EVELYN C	655 CHRISTOPHER ST	SAINT AUGUSTINE FL 32084	<input type="checkbox"/>
S	WILLIAMS, BARBARA J	866 COLLIER BLVD	ST. AUGUSTINE FL 32095	<input type="checkbox"/>
T	BOROM, GEORGE	441 N. CLAY STREET	ST. AUGUSTINE FL 32095	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: *Evelyn C. Stafford-Friedman* 03-26-2002-914-8245457