

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 **676 CHRISTOPHER ST**
ST. AUGUSTINE FL 32084 **ST. AUGUSTINE FL 32084**
US **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
59-3078341 Not Applicable
 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAFFORD, RONALD L 15 CHRISTOPHER ST SAINT AUGUSTINE FL 32084	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLIS, CHARLES 3678 CRAZY HORSE TRAIL SAINT AUGUSTINE FL 32086	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STAFFORD, EVELYN C 655 CHRISTOPHER ST SAINT AUGUSTINE FL 32084	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, BARBARA J 866 COLLIER BLVD ST. AUGUSTINE FL 32095	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOROM, GEORGE 441 N. CLAY STREET ST. AUGUSTINE FL 32095	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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