


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # N24141 1. Entity Name NEW MOUNT MORIAH CHRISTIAN MINISTRY, INC.	
--	---

Principal Place of Business 676 CHRISTOPHER ST ST. AUGUSTINE FL 32084 US	Mailing Address 676 CHRISTOPHER ST ST. AUGUSTINE FL 32084 US
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State.
--	---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D STAFFORD, RONALD L 15 CHRISTOPHER ST SAINT AUGUSTINE FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T ELLIS, CHARLES 3678 CRAZY HORSE TRAIL SAINT AUGUSTINE FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000677220 03/30/07-80094-026 70.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T STAFFORD, EVELYN C 655 CHRISTOPHER ST SAINT AUGUSTINE FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S WILLIAMS, BARBARA J 866 COLLIER BLVD ST. AUGUSTINE FL 32095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T BOROM, GEORGE 441 N. CLAY STREET ST. AUGUSTINE FL 32095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 authority like empowered.

SIGNATURE:  3/12/07 904-824-5457