2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N24141

FILED Mar 12, 2003 Secretary of State

Entity Name: NEW MOUNT MORIAH CHRISTIAN MINISTRY, INC.

Current Principal Place of Business:			New Principal Place of Business:		
	TOPHER ST STINE, FL 32095	US	676 CHRISTOPHER ST ST. AUGUSTINE, FL 32084	US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	TOPHER ST STINE, FL 32095	US	676 CHRISTOPHER ST ST. AUGUSTINE, FL 32084	US	
FEI Number:	59-3078341 FEI	Number Applied For() FEI	Number Not Applicable () Ce	rtificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
655 CHRIS	D, RONALD L REV. TOPHER STREET STINE, FL 32095	US	STAFFORD, RONALD L RE' 655 CHRISTOPHER STREE ST AUGUSTINE, FL 32084		
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: RA				03/12/2003	
	Electronic Sig	nature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete STAFFORD, RONALD 655 CHRISTOPHER S ST. AUGUSTINE, FL 3	L T	Title: () Cha Name: Address: City-St-Zip:	ange () Addition	
Title: Name: Address: City-St-Zip:	T () Delete ELLIS, CHARLES 3678 CRAZY HORSE SAINT AUGUSTINE, F	TRAIL	Title: () Cha Name: Address: City-St-Zip:	ange () Addition	
Title: Name: Address: City-St-Zip:	T () Delete STAFFORD, EVELYN 659 CHRISTOPHER S ST. AUGUSTINE, FL 3	C T	Title: () Cha Name: Address: City-St-Zip:	ange () Addition	
Title: Name: Address: City-St-Zip:	S () Delete WILLIAMS, BARBARA 866 COLLIER BLVD ST. AUGUSTINE, FL 3	J	Title: () Cha Name: Address: City-St-Zip:	ange () Addition	
Title: Name: Address: City-St-Zip:	T () Delete BOROM, GEORGE 441 N. CLAY STREET ST. AUGUSTINE, FL 3		Title: () Cha Name: Address: City-St-Zip:	ange()Addition	

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. STAFFORS D 03/12/2003