

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000375

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** MONUMENT HOUSE OF FAITH, INC.

**Current Principal Place of Business:**

1509 MAYPORT ROAD  
ATLANTIC BEACH, FL 32233 19

**New Principal Place of Business:**

**Current Mailing Address:**

1509 MAYPORT ROAD  
ATLANTIC BEACH, FL 32233 19

**New Mailing Address:**

**FEI Number:** 59-3225292      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JACKSON, ARLETHIA M  
3544 BROCKWAY ROAD  
JACKSONVILLE, FL 322501518 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:** PD  
**Name:** JACKSON, ARLETHIA  
**Address:** 3544 BROCKWAY ROAD  
**City-St-Zip:** JACKSONVILLE, FL 322501518

**Title:** STR  
**Name:** SELLERS, ALCINDA  
**Address:** 64 JACKSON ROAD  
**City-St-Zip:** ATLANTIC BEACH, FL 32233

**Title:** TRBT  
**Name:** JACKSON, JOHN W SR.  
**Address:** 3544 BROCKWAY ROAD  
**City-St-Zip:** JACKSONVILLE, FL 322501518

I hereby 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 all other like empowered.

**SIGNATURE:** ARLETHIA M. JACKSON

PD

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date