

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000003319	
1. Entity Name MT. MORIAH HOUSE OF GOD SAINTS IN CHRIST OF JACKSONVILLE, INC.	

Principal Place of Business 1005 ODESSA ST JACKSONVILLE FL 32206	Mailing Address P.O. BOX 9962 JACKSONVILLE FL 32208
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-1287672	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOORE, LORENZO 6331 DUNN AVENUE JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

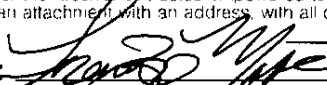
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD ☐ Delete
NAME	MOORE, LORENZO BISHOP
STREET ADDRESS	6331 DUNN AVENUE
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	D ☐ Delete
NAME	LEONARD, ERNEST
STREET ADDRESS	9435 SAPPINGTON AVE
CITY-ST-ZIP	JACKSONVILLE FL 32208
TITLE	D ☐ Delete
NAME	MACK, ALTAMESE
STREET ADDRESS	11046 KEY HAVEN BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	D ☐ Delete
NAME	HIGHTOWER, RAFALAR L
STREET ADDRESS	2587 SPIREA ST.
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	D ☐ Delete
NAME	HOLT, CLEMERTINE
STREET ADDRESS	12450 BISCAYNE BLVD #1609
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	U00000829604
STREET ADDRESS	02/26/08-80047-017 61.25
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.	
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SIGNATURE:  **Lorenzo Moore** **2/13/08**