

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003319

FILED
Jan 07, 2009
Secretary of State

Entity Name: MT. MORIAH HOUSE OF GOD SAINTS IN CHRIST OF JACKSONVILLE, INC.

Current Principal Place of Business:

1005 ODESSA ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9962
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-1287672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, LORENZO
6331 DUNN AVENUE
JACKSONVILLE, FL 32218 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 () Delete
Name: MOORE, LORENZO BISHOP
Address: 6331 DUNN AVENUE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: LEONARD, ERNEST
Address: 9435 SAPPINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: MACK, ALTAMESE
Address: 11046 KEY HAVEN BLVD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: HIGHTOWER, RAFALAR L
Address: 2587 SPIREA ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: D (X) Delete
Name: HOLT, CLEMERTINE
Address: 12450 BISCAYNE BLVD #1609
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FORD, SANDI L
Address: 5663 INTERNATIONAL DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SANDI FORD

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date