

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002721 (7)

1. Corporation Name

MOUNTAIN MOVING FAITH MINISTRY OUTREACH INC.



Principal Place of Business

Mailing Address

**237-A MELROSE AVE
ORMOND BEACH FL 32174**

**P.O. BOX 5184
ORMOND BEACH FL 32175**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

12/4

4. FEI Number

Not Yet Filed

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**MAYS, MICHAEL J
237-A MELROSE AVE
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**PD
MAYS, MICHAEL J
237-A MELROSE AVE
ORMOND BEACH FL 32174**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D
MAYS, MARIA
237-A MELROSE AVE
ORMOND BEACH FL 32174**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D
MAYS, ERICKA L
237-A MELROSE AVE
ORMOND BEACH FL 32174**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D
MAYS, ERICKA L
237-A MELROSE AVE
ORMOND BEACH FL 32174**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D
MAYS, ERICKA L
237-A MELROSE AVE
ORMOND BEACH FL 32174**

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

**D
REV MITCH PRIDGEN
1050 DERBYSHIRE RD. APT 251130
HOLLY HILL FLA 32125-1130**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael J. Mays Michael J. Mays 4-25-96 (94) 676-0458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone

CR2E037 (12/95)