


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000006137						
1. Entity Name MT. MORIAH COMMUNITY HOLINESS CHURCH, INC.						
Principal Place of Business 5001 NW 17TH AVENUE L MIAMI, FL 33142			Mailing Address 518 N.W. 47TH TERR MIAMI, FL 33127 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	05082006 Chg-NP CR2E037 (4/06)		
4. FEI Number 65-0712475				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
WILLIAMS, BISHOP M 518 NW 47TH TERR MIAMI, FL 33127			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D	NAME JONES, GEORGE		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 31 NW 85TH STREET	CITY-ST-ZIP MIAMI, FL 33150		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
TITLE D	NAME WILLIAMS, DESSIE		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 7722 N.W. 9TH AVE	CITY-ST-ZIP MIAMI, FL 33150		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
TITLE TD	NAME WILLIAM, NATHAN		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 4401 N.W. 191ST STREET	CITY-ST-ZIP MIAMI, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
TITLE D	NAME WILLIAMS, LILLIE		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 4401 N.W. 191TH STREET	CITY-ST-ZIP MIAMI, FL 33055		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
TITLE P	NAME WILLIAMS, MURRAY		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 518 NW TERR	CITY-ST-ZIP MIAMI, FL 33127		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
TITLE SATO	NAME CARTER, DORIS A		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 2301 N. W. 119TH ST #216	CITY-ST-ZIP MIAMI, FL 33167		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.						
SIGNATURE: <i>Nathan Williams</i> Nathan Williams 05/19/2006 (786) 389-8684						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						