

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 08:00 A
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
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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



1st MOORE CR2E037 (10/06)

4. FEI Number 65-0712475	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, BISHOP M 518 NW 47TH TERR MIAMI FL 33127
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE D	☐ Delete
NAME JONES, GEORGE	
STREET ADDRESS 31 NW 85TH STREET	
CITY- ST- ZIP MIAMI FL 33150	
TITLE D	☐ Delete
NAME WILLIAMS, DESSIE	
STREET ADDRESS 7722 N.W. 9TH AVE	
CITY- ST- ZIP MIAMI FL 33150	
TITLE TD	☐ Delete
NAME WILLIAM, NATHAN	
STREET ADDRESS 4401 N.W. 191ST STREET	
CITY- ST- ZIP MIAMI FL	
TITLE D	☐ Delete
NAME WILLIAMS, LILLIE	
STREET ADDRESS 4401 N.W. 191TH STREET	
CITY- ST- ZIP MIAMI FL 33055	
TITLE P	☐ Delete
NAME WILLIAMS, MURRAY	
STREET ADDRESS 518 NW TERR	
CITY- ST- ZIP MIAMI FL 33127	
TITLE SATD	☐ Delete
NAME CARTER, DORIS A	
STREET ADDRESS 2301 N. W. 119TH ST #216	
CITY- ST- ZIP MIAMI FL 33167	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000718723
05/01/07-80032-020 70.00

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.

SIGNATURE: *Nathan Williams* **Nathan Williams** **04/14/2007 (786) 389-8684**