


**2006-NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90125 030 ****61.25

DOCUMENT # N98000003983
1. Entity Name
MOUNT MORIAH SUPREME COUNCIL, INC.



Principal Place of Business Mailing Address
2602 RIO LANE **2602 RIO LANE**
ORLANDO FL 32805 **ORLANDO FL 32805**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

1st MOORE CR2E037 (10/05)
4. FEI Number Applied For
59-3530924 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHARLES, LLOYD
2602 RIO LANE
ORLANDO FL 32805

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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	PD	<input type="checkbox"/> Delete
NAME	CHARLES, LLOYD	
STREET ADDRESS	2602 RIO LANE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PARKER, MARTY	
STREET ADDRESS	2602 RIO LANE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, DEVANT	
STREET ADDRESS	1108 GLEN FIDDICH DRIVE	
CITY-ST-ZIP	CHARLOTTE NC 28215	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, EDWARD	
STREET ADDRESS	2602 RIO LANE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD - BRYANT, DEVANT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	7705 KREFFEL GLEN DR	
CITY-ST-ZIP	CHARLOTTE, NC 28227	
TITLE	SD - Bobby ARNOID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	148 MACDOUGAL ST	
CITY-ST-ZIP	BKLYN, N.Y. 11233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE _____
2/14/06 707 92 94 5019