

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 30, 2006 8:00 am
Secretary of State

06-30-2006 90002 005 ****61.25

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1. Entity Name
**MT. MORIAH AFRICAN METHODIST EPISCOPAL
CHURCH OF COCOA, INC.**



Principal Place of Business

**234 STONE ST
COCOA, FL 32922**

Mailing Address

**P.O. BOX 670
COCOA, FL 32923**



05022006 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

59-3170953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HILL, HORACE E SR.
248 N. DR. ML KING JR. BLVD.
DAYTONA BEACH, FL 32114**

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IN THIS SPACE**

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 reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME IVERY, MARY
STREET ADDRESS 1049 ORANGEWOODS BLVD
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE VP
NAME PENNINGTON, LEENETTE M
STREET ADDRESS 1222 WENTWORTH CIR
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE S
NAME WILLIAMS, MARTHA B
STREET ADDRESS 718 IXORA AVE
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE D
NAME KNIGHTON, EUGENE
STREET ADDRESS 1024 MARLIN DR.
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE T
NAME SCOTT, EDWARD
STREET ADDRESS 113 GRACE AVE
CITY-ST-ZIP COCOA, FL 32922

TITLE D
NAME FRAME, ANNE
STREET ADDRESS 2990 S FISKE BLVD
CITY-ST-ZIP ROCKLEDGE, FL 32955

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IN THIS SPACE**

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:

Martha B. Williams (MARTHA B. WILLIAMS)

6-22-06 (381-636-9331)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #