


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000006383</b> 1. Entity Name <b>MT. MORIAH AFRICAN METHODIST EPISCOPAL CHURCH OF COCOA, INC.</b>	
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Principal Place of Business <b>234 STONE ST COCOA, FL 32922</b>	Mailing Address <b>P.O. BOX 670 COCOA, FL 32923</b>
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04292008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3170953</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PARKER, AVA  
101 E. UNION ST. SUITE 301  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
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 AVA PARKER DATE 4/30/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000944719  
05/29/08 00110 014 61.25

**10. OFFICERS AND DIRECTORS**

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

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

TITLE <b>S</b>	<b>WILLIAMS, MARTHA B</b>
NAME <b>STREET ADDRESS</b>	<b>718 IXORA AVE</b>
<b>CITY-ST-ZIP</b>	<b>COCOA, FL 32922</b>

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

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

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

**DO NOT WRITE  
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: Rev. Mary Robison-Parker DATE 4/30/08 DAYTIME PHONE # 321-636-9331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR