

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006383

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

234 STONE ST
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 670
COCOA, FL 32923

New Mailing Address:

FEI Number: 59-3170953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IVERY, MARY
Address: 1049 ORANGEWOODS BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: PENNINGTON, LEENETTE M
Address: 1222 WENTWORTH CIR
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: WILLIAMS, MARTHA B
Address: 718 IXORA AVE
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: KNIGHTON, EUGENE
Address: 1024 MARLIN DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: SCOTT, EDWARD
Address: 113 GRACE AVE
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: FRAME, ANNE
Address: 2990 S FISKE BLVD
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE KNIGHTON

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date