

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90177 041 ****61.25

DOCUMENT # N99000004788

1. Entity Name

MT. MORIAH CARE & MINISTRIES, INC.

Principal Place of Business

Mailing Address

401 ALTERNATE A1A

401 ALTERNATE A1A

JUPITER FL 33477

#42
 JUPITER FL 33477

2. Principal Place of Business

3. Mailing Address

401 Alternate A1A #42

401 Alternate A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#42

#42

City & State

City & State

Jupiter FL

Jupiter, FL

Zip

Country

Zip

Country

33477 Palm Beach

33477 Palm Beach

4. FEI Number

65-0969464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESKUCHEN, MARTHA S
 14041 U.S. HIGHWAY ONE
 JUNO BEACH FL 33408

Name

NA

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DENNIS, JANICE	
STREET ADDRESS	401 ALTERNATE A1A #42	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DENNIS, DIANE	
STREET ADDRESS	1470 S HOLLY RD	
CITY-ST-ZIP	FENTON MI 48430	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCANN, JACK	
STREET ADDRESS	12964 PAPAYA	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED Dennis

9/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR