


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90025 046 ****61.25


DOCUMENT # N99000004788	
1. Entity Name MT. MORIAH CARE & MINISTRIES, INC.	

Principal Place of Business 401 ALTERNATE A1A #42 JUPITER FL 33477	Mailing Address 401 ALTERNATE A1A #42 JUPITER FL 33477
* new ADDRESS	

2. Principal Place of Business 250 Beach Road Suite, Apt. #, etc. Unit 303	3. Mailing Address 250 Beach Road Suite, Apt. #, etc. Unit 303
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City & State Tequesta, FL	City & State Tequesta, FL
Zip 33469	Zip 33469
Country USA	Country USA

24081103



MOORE CR2E037 (11/03)

4. FEI Number 65-0969464	Applied For Not Applicable
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6. Name and Address of Current Registered Agent ESKUCHEN, MARTHA S 14041 U.S. HIGHWAY ONE JUNO BEACH FL 33408	7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:
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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME MRS DENNIS, JANICE R.N., ASN STREET ADDRESS 250 Beach Road Unit 303 CITY-ST-ZIP Tequesta, FL 33469	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME MRS. DENNIS, DIANE L.P.N. STREET ADDRESS 1470 S HOLLY RD CITY-ST-ZIP FENTON MI 48430	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Assistant Secretary, Home Care NAME 4-1-1-1 Bamboo Drive error STREET ADDRESS Palm Beach Gardens, FL 33410 CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Janice Dennis RN 4/9/04 561-743-0278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #