

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90163 010 *****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**

2. Principal Place of Business

**401 Alternate A1A
Suite, Apt. #, etc.
#42**

3. Mailing Address

**401 Alternate A1A
Suite, Apt. #, etc.
#42**

City & State

Jupiter FL

City & State

Jupiter FL

Zip

Country

33477 USA

Zip

Country

33477 USA

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

NA

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **DENNIS, JANICE**
STREET ADDRESS **401 ALTERNATE A1A #42**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **VPD** ☐ Delete
NAME **DENNIS, DIANE**
STREET ADDRESS **1470 S HOLLY RD**
CITY-ST-ZIP **FENTON MI 48430**

TITLE **D** ☒ Delete
NAME **MCCANN, JACK**
STREET ADDRESS **12964 PAPAYA**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

7/16/03

561-743-0278

CR2E037 (4/03)