

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12534

Entity Name: NEW MT. MORIAH AFRICAN METHODIST EPISCOPAL CHURCH, INC**Current Principal Place of Business:**880 MELSON AVE
JACKSONVILLE, FL 32254**Current Mailing Address:**880 MELSON AVE
JACKSONVILLE, FL 32254 US**FEI Number: 59-2953631****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LOCKLEY, GLORIA R
1052 EMILY'S WALK LANE EAST
JACKSONVILLE, FL 32221 US*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

Officer/Director Detail :

Title	D
Name	WESTON, ROBERT
Address	1151 LEE ROAD
City-State-Zip:	JACKSONVILLE FL 32225

Title	VP
Name	SAMPSON, RODERICK
Address	10333 CLAYTON MILL ROAD
City-State-Zip:	JACKSONVILLE FL 32221

Title	TD
Name	MOBLEY, CALVIN
Address	3243 FITZGERALD ST
City-State-Zip:	JACKSONVILLE FL 32254

Title	SD
Name	LOCKLEY, GLORIA
Address	8348 HEDGEWOOD DRIVE
City-State-Zip:	JACKSONVILLE FL 32216

Title	ASST. SECRETARY
Name	MCSWAIN, JOANNE
Address	3827 BRAMBLE ROAD
City-State-Zip:	JACKSONVILLE FL 32210

Title	PASTOR
Name	RASHAD, SHA'REFF
Address	9042 SMOKETREE DRIVE
City-State-Zip:	JACKSONVILLE FL 32244

I hereby 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 all other like empowered.

SIGNATURE: GLORIA R. LOCKLEY**SECRETARY****03/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date