

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24141

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC4540013479**

**Entity Name:** NEW MOUNT MORIAH CHRISTIAN MINISTRY, INC.

**Current Principal Place of Business:**

676 CHRISTOPHER ST  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

650 CHRISTOPHER ST  
ST. AUGUSTINE, FL 32084 US

**FEI Number: 59-3078341**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

STAFFORD, RONALD L REV.  
15 CHRISTOPHER STREET  
ST AUGUSTINE, FL 32084 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 STAFFORD, RONALD L  
Address 15 CHRISTOPHER ST  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title T  
Name ELLIS, CHARLES  
Address 725 WILLOW WOOD PLACE  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title T  
Name STAFFORD, EVELYN C  
Address 655 CHRISTOPHER ST  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title S  
Name STEVENS, CATHERINE  
Address 531 RAILROAD STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

Title OFFICER  
Name CLARK, LEONARD  
Address 1003 WEST KING STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

*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: REV. RONALD L. STAFFORD**

**DIRECTOR**

**03/19/2014**

Electronic Signature of Signing Officer/Director Detail

Date