Officer/Director Detail :			
Title	D	Title	т
Name	BRITTON, ANTHONY D	Name	GARDEN, PAULINE F
Address	650 CHRISTOPHER STREET	Address	650 CHRISTOPHER STREET
City-State-Zip:	SAINT AUGUSTINE FL 32084	City-State-Zip:	SAINT AUGUSTINE FL 32084
		Title	
Title	OFFICER	Title	S
Name	BLAKE , TANYA DR.	Name	DANIELS, JOYCE
Address	650 CHRISTOPHER STREET	Address	650 CHRISTOPHER STREET
City-State-Zip:	SAINT AUGUSTINE FL 32084	City-State-Zip:	SAINT AUGUSTINE FL 32084
Title	OFFICER		
The	OFFICER		
Name	JACKSON, ALEX		
Address	650 CHRISTOPHER STREET		
City-State-Zip:	SAINT 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

650 CHRISTOPHER ST ST. AUGUSTINE. FL 32084 US

#### FEI Number: 59-3078341

**Current Mailing Address:** 

DOCUMENT# N24141

676 CHRISTOPHER ST ST. AUGUSTINE. FL 32084

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

Electronic Signature of Registered Agent

BRITTON, ANTHONY D P 650 CHRISTOPHER ST 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: ANTHONY D BRITTON

**Current Principal Place of Business:** 

Electronic Signature of Signing Officer/Director Detail

## PASTOR/DIRECTOR

01/10/2023

## FILED Jan 10, 2023 Secretary of State 4681889808CC

01/10/2023 Date

Certificate of Status Desired: No

# 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: NEW MOUNT MORIAH CHRISTIAN MINISTRY, INC.

SIGNATURE: ANTHONY BRITTON

above, or on an attachment with all other like empowered.

Date