DOCUMENT# N98000002454

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: MOUNT MORIAH CHRISTIAN CHURCH WORSHIP CENTER INC.

Current Principal Place of Business:

8011 OLD SPANISH TR. SNEADS, FL 32460

Current Mailing Address:

8550 DONALD ROAD SNEADS, FL 32460 US

FEI Number: 22-3889572

Name and Address of Current Registered Agent:

KLENT, JAMES A 8550 DONALD ROAD SNEADS, FL 32460 US

Secretary of State
CC8920348246

Certificate of Status Desired: No

FILED Mar 11. 2014

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

Officer/Director Detail :

Title	PD	Title	VD
Name	JAMES, KLENT A	Name	JAMES, ELOUISE M
Address	8550 DONALD ROAD	Address	8550 DONALD ROAD
City-State-Zip:	SNEADS FL 32460	City-State-Zip:	SNEADS FL 32460
Title	SD	Title	TD
Name	MARLOW, CHER	Name	MARLOW, TONY D
Address	8028 YELLOW MOON RD.	Address	3058 CURRYWOODS DR
City-State-Zip:	TALLAHASSEE FL 32324	City-State-Zip:	ORLANDO FL 32822
Title	D	Title	D
Title Name	D PENDER, JACKIE	Title Name	D DAVIS, CLARENCE
Name	PENDER, JACKIE 4254 CENTURY ROAD	Name	DAVIS, CLARENCE
Name Address City-State-Zip:	PENDER, JACKIE 4254 CENTURY ROAD GREENWOOD FL 32443	Name Address City-State-Zip:	DAVIS, CLARENCE 1100 HWY 73 MARIANNA FL 32448
Name Address	PENDER, JACKIE 4254 CENTURY ROAD	Name Address City-State-Zip: Title	DAVIS, CLARENCE 1100 HWY 73 MARIANNA FL 32448 OFFICER
Name Address City-State-Zip:	PENDER, JACKIE 4254 CENTURY ROAD GREENWOOD FL 32443	Name Address City-State-Zip:	DAVIS, CLARENCE 1100 HWY 73 MARIANNA FL 32448
Name Address City-State-Zip: Title	PENDER, JACKIE 4254 CENTURY ROAD GREENWOOD FL 32443 OFFICER	Name Address City-State-Zip: Title	DAVIS, CLARENCE 1100 HWY 73 MARIANNA FL 32448 OFFICER
Name Address City-State-Zip: Title Name	PENDER, JACKIE 4254 CENTURY ROAD GREENWOOD FL 32443 OFFICER DAVIS, PLASSIE	Name Address City-State-Zip: Title Name	DAVIS, CLARENCE 1100 HWY 73 MARIANNA FL 32448 OFFICER MENCHION, LISA

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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: ELOUISE JAMES

VD

Date

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	TUNSTALL, MICHAEL J	Name	JOHNNY, TUNSTALL
Address	8011 OLD SPANISH TR.	Address	8011 OLD SPANISH TR.
City-State-Zip:	SNEADS FL 32460	City-State-Zip:	SNEADS FL 32460