

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002454

**FILED**  
**Mar 23, 2022**  
**Secretary of State**  
**8216365706CC**

**Entity Name:** MOUNT MORIAH CHURCH, INCORPORATED

**Current Principal Place of Business:**

8012 HWY 90  
SNEADS, FL 32460

**Current Mailing Address:**

1611 GULF POWER ROAD  
SNEADS, FL 32460 US

**FEI Number:** 22-3889572

**Certificate of Status Desired:** Yes

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

KLENT, JAMES A  
1611 GULF POWER ROAD  
SNEADS, FL 32460 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            PRESIDENT, CEO, DIRECTOR, COO  
Name            JAMES, KLENT A  
Address        1611 GULF POWER ROAD  
City-State-Zip: SNEADS FL 32460

Title            VP, CFO, DIRECTOR, PASTOR  
Name            JAMES, ELOUISE M  
Address        1611 GULF POWER ROAD  
City-State-Zip: SNEADS FL 32460

Title            ASST. SECRETARY, DIRECTOR  
Name            MARLOW, CHER  
Address        8028 YELLOW MOON RD.  
City-State-Zip: TALLAHASSEE FL 32324

Title            DIRECTOR, TRUSTEE  
Name            MARLOW, TONY D  
Address        3058 CURRYWOODS DR  
City-State-Zip: ORLANDO FL 32822

Title            TREASURER, DIRECTOR,  
CORRESPONDING SECRETARY  
Name            PENDER, JACKIE  
Address        4254 CENTURY ROAD  
City-State-Zip: GREENWOOD FL 32443

Title            DIRECTOR, TRUSTEE, ELDER  
Name            DAVIS, CLARENCE  
Address        1100 HWY 73  
City-State-Zip: MARIANNA FL 32448

Title            DIRECTOR, ELDER, ASST.  
TREASURER  
Name            DAVIS, PLASSIE  
Address        1100 HWY 73  
City-State-Zip: MARIANNA FL 32448

Title            DIRECTOR, ASST. TREASURER  
Name            MENCHION, LISA  
Address        8012 HWY 90 WEST  
City-State-Zip: SNEADS FL 32460

**Continues on page 2**

*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 M. JAMES

**VP**

**03/23/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR, EXECUTIVE SECRETARY  
Name            DAWSON, CHRISTINE  
Address        8012 HWY 90  
City-State-Zip: SNEADS FL 32460