

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002454

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC6736723740**

**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

**Certificate of Status Desired:** Yes

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

KLENT, JAMES A  
8550 DONALD 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	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
Name	PENDER, JACKIE	Name	DAVIS, CLARENCE
Address	4254 CENTURY ROAD	Address	1100 HWY 73
City-State-Zip:	GREENWOOD FL 32443	City-State-Zip:	MARIANNA FL 32448
Title	OFFICER	Title	OFFICER
Name	DAVIS, PLASSIE	Name	MENCHION, LISA
Address	1100 HWY 73	Address	8011 OLD SPANISH TR.
City-State-Zip:	MARIANNA FL 32448	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 JAMES

VP

02/23/2015

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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