

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713363

(0)

1. Corporation Name

MAKKA METHODIST CHURCH, INC.

APPROVED
AND
FILED

95 APR 19 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1620 MYAKKA RD. SARASOTA FL 34240		1620 MYAKKA RD. SARASOTA FL 34240	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
3. Date Incorporated or Qualified		3a. Date of Last Report	
09/25/1967		04/26/1994	
4. FEI Number		Applied For	
59-2479004		Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status		☒ \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RILEY, CURTIS MARTIN 1620 MYAKKA ROAD SARASOTA FL 34240		81 Name DAVID W. REES 82 Street Address (P.O. Box Number is Not Acceptable) 14011 WINBURN DR S. 83 84 City SARASOTA FL 85 Zip Code 34240	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE David W. Rees		DAVID W. REES 4-10-95 TEL 813-322-1929	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☒ Change ☐ Addition
NAME	JACKSON, CINDY	1.2 NAME	
STREET ADDRESS	80 HIDDEN RIVER ROAD	1.3 STREET ADDRESS	4387 Hidden River Rd.
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	Sarasota, FL 34240
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	SALEM, BARBARA	2.2 NAME	
STREET ADDRESS	15600 HANCOCK ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CARLTON, FLETA	3.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 350	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 00000	3.4 CITY - ST - ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	HAWKINS, JAMES	4.2 NAME	
STREET ADDRESS	4225 HIDDEN RIVER RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 00000	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	EKEW, CURTIS	5.2 NAME	S
STREET ADDRESS	3776 HIDDEN RIVER ROAD	5.3 STREET ADDRESS	* 94 HIDDEN RIVER ROAD
CITY - ST - ZIP	SARASOTA FL 00000	5.4 CITY - ST - ZIP	SARASOTA FL 34240
TITLE	CP	6.1 TITLE	☐ Change ☐ Addition
NAME	ORTLOFF, ERIC	6.2 NAME	
STREET ADDRESS	#94 HIDDEN RIVER ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eric Ortloff ERIC ORTLOFF 4-10-95(813) 322-2028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #