2004 NOT-FOR-PROFIT CORPORATION

Jul 27, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #713363** 07-27-2004 90036 009 ****61.25 MIAKKA METHODIST CHURCH, INC. Principal Place of Business Mailing Address 1620 MYAKKA RD. 1620 MYAKKA RD. UOCEOVEG SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business 3. Mailing Address Suite Apt #. etc. Suite, Apt. # etc. 07232004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2479004 City & State City & State Applied For Not Applicable \$8.75 Additional Zip Country Zin Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent aurie REES, DAVID W. Street Address (P.O. Box Number is Not Acceptable) 16011 S WINBURN DR SARASOTA, FL 34240 8. 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. I am familiar with, and accept the obligations of registered agent. Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE REES, ELIZABETH M NAME NAME 16011 WINBURN DR. S STREET ADDRESS STREET ADDRESS SARASOTA, FL 34240 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE FREIDA, KATSAROS NAME NAME 15162 FRUITVILLE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE CARLTON, FLETA NAME NAME 30303 CLAY GULLY RD STREET ADDRESS STREET ADDRESS SARASOTA, FL City-St-ZIP CITY-ST-ZIP ☐ Detete TITLE Change Addition CĐ TITLE DUGGAN, MAURIE A NAME NAME 551 MYAKKA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE ADAMS, CHARLOTTE NAME NAME STREET ADDRESS 31950 SINGLETARY RD STREET ADDRESS CITY-ST-ZIP MYAKKA CITY, FL 34251 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE CT FINEHOUT, MARK NAME NAME 2009 MYAKKA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P SARASOTA, FL 34240

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like ampowered.

SIGNATURE:

1000m ER OR DIRECTOR

FILED