2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713363

FILED Jul 21, 2005 Secretary of State

Entity Name: MIAKKA METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 1620 MYAKKA RD SARASOTA, FL 34240 **Current Mailing Address: New Mailing Address:** 1620 MYAKKA RD SARASOTA, FL 34240 FEI Number: 59-2479004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUGGAN, MAURICE A DUGGAN, MAURIE A 551 MYAKKA RD 551 MYAKKA RD SARASOTA, FL 34240 SARASOTA, FL 34240 US 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: MAURIE A DUGGAN 07/21/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete REES, ELIZABETH M Name: Name: 16011 WINBURN DR. S Address: Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FREIDA, KATSAROS Name: Address: 15162 FRUITVILLE RD. Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: () Delete Title: () Change () Addition CARLTON, FLETA, Name: Name: 30303 CLAY GULLY RD Address: Address: City-St-Zip: SARASOTA, FL City-St-Zip: Title: CD () Delete Title: () Change () Addition Name: DUGGAN, MAURIE A Name: Address: 551 MYAKKA RD Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: () Delete Title: () Change () Addition ADAMS, CHARLOTTE Name: Name: 31950 SINGLETARY RD Address: Address: City-St-Zip: MYAKKA CITY, FL 34251 City-St-Zip: Title: () Delete Title: () Change () Addition FINEHOUT, MARK Name: Name: Address: 2009 MYAKKA RD Address: SARASOTA, FL 34240 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH M REES T 07/21/2005