


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90014 046 \*\*\*\*61.25

<b>DOCUMENT # N01000007584</b>			
1. Entity Name <b>MANATEE RV PARK COMMUNITY CHURCH, INC.</b>			
Principal Place of Business <b>6302 U.S. HIGHWAY 41 SOUTH LOT 216 PALMETTO, FL 34221</b>		Mailing Address <b>6302 U.S. HIGHWAY 41 SOUTH LOT 216 RUSKIN, FL 33570</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ALSTADT, FLOYD K 6302 U.S. HIGHWAY 41 SOUTH LOT 216 RUSKIN, FL 33570</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <b>ALSTADT, FLOYD K</b> <b>6302 US 41 SO #216</b> <b>RUSKIN, FL 33570</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>ALLEN, JANE V</b> <b>6302 US 41 SO #153</b> <b>RUSKIN, FL 33570</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>LEE, ART</b> <b>6302 US 41 SO #235</b> <b>RUSKIN, FL 33570</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>ROGERS, JACK</b> <b>6302 US 41 SO #A101</b> <b>RUSKIN, FL 33570</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>DECKER, JOHN</b> <b>6302 US 41 SO #339</b> <b>RUSKIN, FL 33570</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.			
<b>SIGNATURE:</b> <i>Floyd K. Alstadt</i>		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>Floyd K. Alstadt</b>	
		Date <b>3-10-04</b> Daytime Phone # <b>813 641 2414</b>	



01252004 Chg-NP CR2E037 (10/03)

4. FEI Number **26-0005668** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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**SIGNATURE:** *Floyd K. Alstadt* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Floyd K. Alstadt** Date **3-10-04** Daytime Phone # **813 641 2414**