2005 NOT-FOR-PROFIT CORPORATION

FILED Feb 14, 2005 8:00 am Secretary of State

DOCUMENT # N01705 1. Entity Name MANATEE RELIGIOUS SERVICE, INC.						,	02-14	-2005 9	900 63 ()22 ****6	1.25
Principal Place 3111 29TH A BRADENTON,	VENUE E	Mailing Address 3111 29TH AVENUE E BRADENTON, FL 34208	3111 29TH AVENUE E							V1462	9
2. Principal Pla	ace of Business	3. Mailing Address			I LERHIJAI BU	EE(8) HOR (HE		1011 1120U BH	SE WARD DETENT DERMIS	(B) (1) (\$4);	
Suite, Apt. I	f, etc.	Suite, Apt, #, etc.				01272005	Chg-NP		CH2E03	37 (10/03)	
City & State		City & State				4. FEI Numbe 59-254					plied For t Applicable
Zip	Country	Zip	Country			5. Certificate	of Status D	estred		\$8.75 Addi	
	8. Name and Address of Current	Registered Agent				7. Name and			glatered	Agent	
DONLEY	JE		,	Taylor, Lexie O.					·		
3111 29TH	AVENUE EAST	-	Ì	Street Ad	idress (f	O. Box Number	er is Not Ac	ceptable)			
BRADENT	ON, FL 34208			3111	29	th Ave	nua I	ract			
	•			City			nue 1	Jast		Zin Code	?
				Br		nton			FL		8-742
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 Signature, hybrid or printed name of registered agent and the I applicable. (NOTE: Registered florid signature required whom ministring) ARTE											
	Signature, typed or printed name of registered agont	end little if applicable. (NOTE: I	Pegi a teres	d'Agent signatu	sé techicéq	wheel लाग्डाडांडायु)			A)ATE/		ļ
	Signification types of printed name of registered giffing Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	oaign F	inancing	es required	\$5.00 May B Added to Fees	le Propins	Ma Flork	ke chec se Deper	k payable to	ate
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rinarcay certify that the anormation supplied with this little information indicated on this report or suppliemental 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, Floida 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.

SIGNATURE: Deski O. Laylos Lexie O. Toylor	218/05	941-744-5155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #