

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90363 035 ****61.25

0064554

DOCUMENT # N95000000742

1. Entity Name

MANTHANO CHRISTIAN ACADEMY, INC.



Principal Place of Business

**2110 OLD DAYTONA ROAD
DAYTONA BEACH FL 32128**

Mailing Address

**2110 OLD DAYTONA ROAD
DAYTONA BEACH FL 32128
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Orange

City & State

Port Orange

Zip

Country

Zip

Country

4. FEI Number **59-3304514**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WARREN, RUTH E
2110 OLD DAYTONA ROAD
DAYTONA BEACH FL 32128**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Port Orange

FL

Zip Code

32128

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

Ruth E. Warren

4/26/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **D** ☐ Delete
NAME **WARREN, RUTH E**
STREET ADDRESS **2110 OLD DAYTONA ROAD**
CITY-ST-ZIP **DAYTONA BEACH FL 32128**

TITLE **D** ☐ Delete
NAME **WARREN, SCOTT C**
STREET ADDRESS **2110 OLD DAYTONA ROAD**
CITY-ST-ZIP **DAYTONA BEACH FL 32128**

TITLE **D** ☐ Delete
NAME **WARREN, CHARLES E**
STREET ADDRESS **39 WILLOW IN THE WOODS**
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Port Orange, FL 32128**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Port Orange, FL 32128**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

RUTH E. WARREN

Date

Daytime Phone #

386-258-3060

CR2E037 (10/02)