2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# 717227

Entity Name: MANNA CHRISTIAN MISSIONS, INC.

Current Principal Place of Business:

10421 PENNSYLVANIA STREET
PO DRAWER 2248
BONITA SPRINGS, FL 34133

New Principal Place of Business:

10421 PENNSYLVANIA AVE
BONITA SPRINGS, FL 34135

Current Mailing Address:

10421 PENNSYLVANIA STREET
PO DRAWER 2248
BONITA SPRINGS, FL 34133

New Mailing Address:

10421 PENNSYLVANIA AVE
BONITA SPRINGS, FL 34135

FEI Number: 59-1422112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

QUINN, PETER T PRES
9499 PENNSYLVANIA AVENUE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: QUINN, PETER T PRES
Address: 9499 PENN AVE.
City-St-Zip: BONITA SPRINGS,, FL 34135

Title: VD ( ) Delete
Name: QUINN, DAVID C VP
Address: 2240 HERZOG RD
City-St-Zip: ALVA,, FL 33920

Title: STD ( ) Delete
Name: POPE, WARREN T STD
Address: 28056 WESTBROOK DR.
City-St-Zip: BONITA SPRINGS,, FL 34135

Title: D ( ) Delete
Name: QUINN, FRANK J
Address: 195 7TH STREET
City-St-Zip: BONITA SPRINGS,, FL 34134

Title: D ( ) Delete
Name: WICKE, GEORGE
Address: 27317 PULLEN AVENUE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PETER T. QUINN PRES 01/11/2008
Electronic Signature of Signing Officer or Director — Date