

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717227

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** MANNA CHRISTIAN MISSIONS, INC.

**Current Principal Place of Business:**

10421 PENNSYLVANIA AVE  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

10421 PENNSYLVANIA AVE  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**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:**

QUINN, MICHAEL P STD  
27654 ROSLIN DR.  
BONITA SPRINGS, FL 34135 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:** MICHAEL P QUINN

02/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

**Title:** VD  
**Name:** QUINN, DAVID C VP  
**Address:** 65 PACE RD.  
**City-St-Zip:** ST. JOSEPH, TN 38481

**Title:** STD  
**Name:** QUINN, MICHAEL P STD  
**Address:** 27654 ROSLIN DR  
**City-St-Zip:** BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

**SIGNATURE:** PETER T. QUINN

P

02/16/2010

Electronic Signature of Signing Officer or Director

Date