## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 05, 2005 8:00 am Secretary of State

DOCUMENT # 732296  1. Entity Name SOUTHEAST MENNONITE CONFERENCE, INC.				0	7-05-2005 !	90120 028 ****	51.25
1004 PONDER AVE 1		Mailing Address 1004 PONDER AVE SARASOTA, FL 34232				อบ <b>บอ</b> ร์	1045
35 S Beneva Rd		3. Mailing Address 35 S Beneva Rd Suite, Apt. #, etc.					
City & Stat	۵	_City & State		06282005 Cl	ng-NP	CR2E037 (10/03)	Applied For
	asota FC	Sarasoto		59-178884	6		lot Applicable
342	Country Country	34232	Country	5. Certificate of St	atus Desired	S8.75 A	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Add	ress of New R	egistered Agent	
WEILER, NOAH 55 TATUM RD				Street Address (P.O. Box Number is Not Acceptable)			
SARASOT	A, FL 34240						
			City	FL Zip Code			
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or	registered agent, or both, in	the State of Flo	orida. I am familiar wit	n, and accept
SIGNATURE .							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signatur	re required when reinstating)		DATE	
		and title if applicable. (NOTE: I  9. Election Camp  Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE ake check payable ida Department of	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 7, 2005 OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flor	ake check payable	State
D	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 7, 2005	9. Election Camp Trust Fund Co	paign Financing entribution.	\$5.00 May Be Added to Fees	Flor	ake check payable ida Department of	State IN 10
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D 10. IIILE NAME	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 7, 2005  OFFICERS AND DII PD BIRKEY, MARLIN	9. Election Camp Trust Fund Co	paign Financing intribution. [1]	\$5.00 May Be Added to Fees	Flor	ake check payable ida Department of	State IN 10 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 eath; that I am an officer or director of the corporation or the receiver or truetee 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 attackment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEED CASE DESIGN DATE OF SIGNING OFFICER OR DIRECTOR DEED CASE DESIGN DATE OF DIRECTOR DATE OF DIRECTOR DESIGN DATE OF DIRECTOR DESIGN DATE OF DIRECTOR DATE OF DATE O