

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007132

FILED
Mar 08, 2009
Secretary of State

Entity Name: THE HOUSE OF MANNA-FEST, INC.

Current Principal Place of Business:

6816 49TH ST. N.
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

6816 49TH STREET N
PINELLAS PARK, FL 33781 US

New Mailing Address:

FEI Number: 59-3676943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SHERWIN G P
12081 68TH ST. N.
LARGO, FL 33773 US

Name and Address of New Registered Agent:

SMITH, SHERWIN G P
3119 PHOENIX AVE
OLDSMAR, FL 34677 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:

03/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DBP () Delete
Name: SMITH, SHERWIN DBP
Address: 12081 68TH STREET N
City-St-Zip: LARGO, FL 33773

Title: V/T () Delete
Name: MAURER, RANDALL D V/T
Address: 12081 68TH STREET N
City-St-Zip: LARGO, FL 33773

Title: M (X) Delete
Name: MAURER, LARONICA M
Address: 12081 68TH ST. N.
City-St-Zip: LARGO, FL 33773

Title: P/D (X) Delete
Name: SMITH, SHERWIN G P/D
Address: 12081 68TH ST. N.
City-St-Zip: LARGO, FL 33773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: SMITH, SHERWIN DBP
Address: 3119 PHOENIX AVE
City-St-Zip: OLDSMAR, FL 34677

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: SHERWIN SMITH

P

03/08/2009

Electronic Signature of Signing Officer or Director

Date