2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000007937

1. Entity Name
MANNA WORD MINISTRIES INC.

Principal Place of Business	Mailing Address
12897 BEAUBLEN ROAD JACKSONVILLE, FL 32258	12897 BEAUBLEN ROAD JACKSONVILLE, FL 32258

DO NOT WRITE IN THIS SPACE

02262005 No Chg-NP   CR2E037 (10/03)

4. FEI Number		Applied For
59-3685321		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOODY, KERRI
12897 BEAUBLEN ROAD
JACKSONVILLE, FL 32258

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOODY, KERRI
STREET ADDRESS	12897 BEAUBIEN RD
CITY-ST-ZIP	JACKSONVILLE, FL 32258

TITLE	SD
NAME	DOODY, DOROTHY
STREET ADDRESS	12897 BEAUBIEN ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32258

TITLE	TD
NAME	DOODY, JOHN
STREET ADDRESS	12897 BEAUBIEN RD
CITY-ST-ZIP	JACKSONVILLE, FL 32258

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/05-80024-012 61.25

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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 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: _____   4-6-05   880-1772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #