ANNUAL REPORT

DOCUMENT # N00000007937

1. Entity Name
MANNA WORD MINISTRIES INC.

FILED
Mar 08, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

02252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3685321
☐ Applied For
☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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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12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kerri Doody 3-4-06 (904) 880-1772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #