## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000008352



## FILED Aug 18, 2004 8:00 am Secretary of State

_	PF FAITH WORSHIP CENT	TER OF MANATEE,	INC.		08-18-2004 90006 042	****70.00	
Principal Place of Business Mailing Address 906 5TH STREET W 821 58TH AVENUE PALMETTO, FL 34221 BRADENTON, FL 3					en en en en en en		
Principal P	Place of Business	3. Mailing Address /	a a d				
2. 1 This part 1 and 3. 2 doi: 10.00		do	3. Mailing Address 2211-2094VE.E.		RANTE MAITE MARTE MARTI MAITE MAINE MAINE MAINE ARTHUR ARCTU	i išailai ai izali	
Suite, Apt.	.#, <b>s</b> tc.	Suite, Apt. #, etc.		01242004 Ct	ng-NP CR2E037 (10/03	)	
City & State		Palmet	Pametto, FL.		-, <del>}</del> }	Applied For Not Applicable	
Zip	Country	34221	Manatel	5. Certificate of St	\$9.75	dditional	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Add	ress of New Registered Agent		
PIEGEL	& UTRERA, P.A.		Name	<u> </u>			
1840 SW 2 ITH FLOC			Street Address		(P.O. Box Number is Not Acceptable)		
MIAMI, FL							
	1		City		FL Zip C	ode	
	e named entity submits this statement	for the purpose of changing	its registered office or regis	tered agent, or both, in	the State of Florida. I am familiar wi	th, and accept	
	tions of registered agent.			-	•		
IGNATURE							
IGNATORIE	Signature, typed or printed name of registered ap	ent and title if applicable. (	NOTE: Registered Agent signature requ	ired when reinstating)	DATE		
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees  Make check payable to Florida Department of State		
0.	OFFICERS AND I	<del></del>	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	IN 10	
itle Ame	PD JOHNSON, TONY E	Delete	TITLE NAME		☐ Chang	e 🔲 Addition	
TREET ADDRESS	906 5TH STREET W		STREET ADDRESS				
TTY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP				
ΠLE	SD	☐ Delete	TITLE		☐ Chang	e 🔲 Addition	
TREET ADDRESS	JOHNSON, KIMELA O 906 5TH STREET W		NAME STREET ADDRESS				
TY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP				
TLE .	TD :	☐ Delete	TITLE		☐ Chang	e 🔲 Addition	
IAME	ROCKETT, FERN P		NAME CTREET ACCOURS				
TREET ADDRESS TTY-ST-ZIP	906 5TH STREET W PALMETTO, FL 34221		STREET ADORESS CITY-ST-ZIP				
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AMÉ			NAME				
Treet address Ity-St-Zip		مه ميديد د ميدي	STREET ADDRESS CITY-ST-ZIP		ردات منشبیت نوشی د دوست ایمید		
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TREET ADDRESS			STREET ADDRESS				
ITY-ST-ZiP	<u> </u>	rn au c	CtTY-ST-ZIP		Chang	e 🗀 Addition	
ITLE IAME		☐ Detele	TITLE NAME		L. J. Crient	e TT VOORIDII	
TREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	) · 		CITY-\$1-ZIP				
A11-01-20					1 1 March 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2. I hereby	certify that the information supplied videnthis report or supplemental report or supplemental report portation or the receiver or trustee et it or op an attackment with an address	with this filing does not qualif it is to e and accurate and the inpovened to execute this rep is with all other like emocino	y for the exemption stated in nat my signature shall have the port as required by Chapter 6 rad	Section 119.07(3)(i), Fi ne same legal effect as 817, Florida Statutes; ar	orica Statutes. Fruither certify that the if made under eath; that I am an office do that my name appears in Block 10	e information per or director or Block 11 if	
2. I hereby	certify that the information supplied vd on this report or supplemental report or progration or the receiver or trustee et d, or on an attachment with an address	with this filling does not qualiff is to a and accurate and the accurate this repower of the components of the component	y for the exemption stated in at my signature shall have th oort as required by Chapter ( red.	Section 119.07(3)(i), Flance same legal effect as 817, Florida Statutes; an	orida Statutes. I further certify that the in made under cath; that I am an office that my name appears in Block 10 and I am an office that I am a state that I am	e information per or director or Block 11 if	
2. I hereby	d on this report or supplemental report or protation or the receiver or trustee et d, or on an attachment with an address	with this filling does not qualify is to an and accurate and the provided to execute this report that all other like empowers, with all other like empowers.	nat my signature shall have the contract required by Chapter 6 red.	Section 119.07(3)(i), Fine same legal effect as 817, Florida Statutes; ar	orida Statutes. I Turther certify that in finade under eath; that I am an official that my name appears in Block 10 (44) 545 4	cer or director or Block 11 if	