


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90003 044 \*\*\*\*70.00

<b>DOCUMENT # N03000002052</b> 1. Entity Name <b>MYAKKA FAMILY WORSHIP CENTER &amp; CHURCH, INC.</b>					
Principal Place of Business <b>33410 SINGLETARY RD MYAKKA CITY, FL</b>			Mailing Address <b>33410 SINGLETARY RD MYAKKA CITY, FL</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WALLACE, JAMES M 420 OLD MAIN ST BRADENTON, FL 34205</b>				Name <b>JASON L HOWELL</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>33410 SINGLETARY RD</b>	
				City <b>Myakka City</b>	
				FL Zip Code <b>34251</b>	
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 <u><b>JASON L HOWELL C/T</b></u> <u><b>JASON L HOWELL C/T</b></u> <u><b>Aug 3 2004</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWELL, JASON L		NAME		
STREET ADDRESS	33410 SINGLETARY RD		STREET ADDRESS		
CITY-ST-ZIP	MYAKKA CITY, FL		CITY-ST-ZIP		
TITLE	STT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWELL, KATHY N		NAME		
STREET ADDRESS	33410 SINGLETARY RD		STREET ADDRESS		
CITY-ST-ZIP	MYAKKA CITY, FL		CITY-ST-ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWELL, JASON W		NAME		
STREET ADDRESS	33410 SINGLETARY RD		STREET ADDRESS		
CITY-ST-ZIP	MYAKKA CITY, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: <u>JASON L HOWELL</u> <u>Aug 3 2004</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

54067207



08032004 Chg-NP CR2E037 (10/03)

4. FEI Number **65-1100008** Applied For ☐ Not Applicable ☒

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