


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000002052	
1. Entity Name MYAKKA FAMILY WORSHIP CENTER & CHURCH, INC.	

Principal Place of Business 33410 SINGLETARY RD MYAKKA CITY, FL	Mailing Address 33410 SINGLETARY RD MYAKKA CITY, FL
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01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1100008	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOWELL, JASON L
33410 SINGLETARY RD
MYAKKA CITY, FL 34251

DO NOT WRITE IN THIS SPACE

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 "replacing") DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000186008 01/21/05-80037-011 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT HOWELL, JASON L 33410 SINGLETARY RD MYAKKA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STT HOWELL, KATHY N 33410 SINGLETARY RD MYAKKA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOWELL, JASON W 33410 SINGLETARY RD MYAKKA CITY, FL
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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 exemption stated in Section 119.07(3)(f), 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: Jason Howell 1/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1/12/05 Office Phone #