2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007
Secretary of State

DOCUMENT# N03000002052

Entity Name: MYAKKA FAMILY WORSHIP CENTER & CHURCH, INC.

Current Principal Place of Business:

33420 SINGLETARY RD
MYAKKA CITY, FL

New Principal Place of Business:

33420 SINGLETARY RD
MYAKKA CITY, FL 34251

Current Mailing Address:

33420 SINGLETARY RD
MYAKKA CITY, FL

New Mailing Address:

33420 SINGLETARY RD
MYAKKA CITY, FL 34251

FEI Number: 65-1100008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CT ( ) Delete
Name: HOWELL, JASON L
Address: 33410 SINGLETARY RD
City-St-Zip: MYAKKA CITY, FL

Title: STT ( ) Delete
Name: HOWELL, KATHY N
Address: 33410 SINGLETARY RD
City-St-Zip: MYAKKA CITY, FL

Title: T ( ) Delete
Name: HOWELL, JASON W
Address: 33410 SINGLETARY RD
City-St-Zip: MYAKKA CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON L HOWELL CT 05/23/2007

Electronic Signature of Signing Officer or Director — Date