## 2008 NOT-FOR-PROFIT CORPORATION

## Jul 11, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N03000002052 07-11-2008 90017 024 \*\*\*\*61.25 MYAKKA FAMILY WORSHIP CENTER & CHURCH, INC. Principal Place of Business Mailing Address 40110001 33420 SINGLETARY RD 33420 SINGLETARY RD MYAKKA CITY, FL 34251 MYAKKA CITY, FL 34251 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 07092008 Chg-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Number 65-1100008 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOWELL, JASON L 33410 SINGLETARY RD Street Address (P.O. Box Number is Not Acceptable) MYAKKA CITY, FL 34251 City Zip Code 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 Stonsture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signeture required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Fiorida Department of State Due by September 12, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. СТ ☐ Detete TITLE MLE Change Addition HOWELL, JASON L NAME NAME 25605 Cline Fol myalka Culy fla 34251 STREET ADDRESS 33410 SINGLETARY RD STREET ADDRESS CITY-ST-ZIP MYAKKA CITY, FL CITY-ST-ZIP STT TITLE ☐ Defete TITLE Change ☐ Addition NAME HOWELL, KATHY N 25605 Clive Rd STREET ADDRESS 33410 SINGLETARY RD STREET ADDRESS CITY-ST-ZIP MYAKKA CITY, FL CITY-ST-ZIP IIILE ☐ Defete TITLE ☐ Addition HOWELL, JASON W NAME NAME 33005 Singleting & Minulle Ct Fly 3421/ STREET ADDRESS 33410 SINGLETARY RD STREET ADDRESS MYAKKA CITY, FL CITY-ST-ZIP CTTY-ST-ZIP TITLE ☐ Delete HILE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition

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.

MAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SK G OFFICER OR OWNERS

**FILED**