

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002052

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

33420 SINGLETARY RD  
MYAKKA CITY, FL 34251

**New Principal Place of Business:**

**Current Mailing Address:**

33420 SINGLETARY RD  
MYAKKA CITY, FL 34251

**New Mailing Address:**

**FEI Number:** 65-1100008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOWELL, JASON L  
44215 ST. RD. 64EAST  
MYAKKA CITY, FL 34251 US

**Name and Address of New Registered Agent:**

HOWELL, JASON L  
25605 CLINE RD.  
MYAKKA CITY, FL 34251 US

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: JASON L HOWELL

02/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CT  
Name: HOWELL, JASON L  
Address: 25605 CLINE RD.  
City-St-Zip: MYAKKA CITY, FL 34251

Title: STT  
Name: HOWELL, KATHY N  
Address: 25605 CLINE RD.  
City-St-Zip: MYAKKA CITY, FL 34251

Title: T  
Name: HOWELL, JASON W  
Address: 33205 SINGLETARY RD  
City-St-Zip: MYAKKA CITY, FL 34251

I hereby 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 all other like empowered.

SIGNATURE: JASON L HOWELL

CT

02/23/2012

Electronic Signature of Signing Officer or Director

Date