

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90174 003 ****61.25

DOCUMENT # N03000006340

1. Entity Name
MOUNTAINTOP MINISTRIES, INC.



Principal Place of Business
**400 WATERSIDE LANE
NOKOMIS, FL 34275**

Mailing Address
**400 WATERSIDE LANE
NOKOMIS, FL 34275**

94069440



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042004

Chg-NP

CR2E037 (10/03)

4. FEI Number

20-0123896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PREWETT, DANIEL L
5777 BENEVA RD S
SARASOTA, FL 34233**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CARLSON, REIDAR G**
CITY-ST-ZIP **400 WATERSIDE LANE
NOKOMIS, FL 34275**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PREWETT, DANIEL L**
CITY-ST-ZIP **5777 BENEVA RD S
SARASOTA, FL 34233**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MINOR, DANIEL**
CITY-ST-ZIP **2611 HUNTINGTON AVE
SARASOTA, FL 34232**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CARLSON, FRANCIS**
CITY-ST-ZIP **400 WATERSIDE LANE
NOKOMIS, FL 34275**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DREWETT, DAVID**
CITY-ST-ZIP **823 HIGEL DR
VENICE, FL 34285**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/04 941-9230964