

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

04-23-2004 90228 015 ****61.25

DOCUMENT # N03000008676 1. Entity Name 100 FOLD MINISTRIES, INC.					
Principal Place of Business 6 CONCOURSE DRIVE TEQUESTA, FL 33469			Mailing Address P O BOX 3212 TEQUESTA, FL 33469		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 84-1647490	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MANTWILL, PAULINE T 6 CONCOURSE DRIVE TEQUESTA, FL 33469				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 fee if applicable. (NOTE: Registered Agent signature required when reappointing)	
Filing Fee is \$ 4.25 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 NAME STREET ADDRESS CITY-ST-ZIP	D MANTWILL, DAVID A 6 CONCOURSE DRIVE TEQUESTA, FL 33469	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANTWILL, PAULINE T 6 CONCOURSE DRIVE TEQUESTA, FL 33469	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANTWILL, PAULINE T 6 CONCOURSE DRIVE TEQUESTA, FL 33469	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANTWILL, DAVID A 6 CONCOURSE DRIVE TEQUESTA, FL 33469	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MANTWILL, PAULINE T 6 CONCOURSE DRIVE TEQUESTA, FL 33469	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANTWILL, PAUL C 15 SPLITRAIL CIRCLE TEQUESTA, FL 33469	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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: <i>Pauline Mantwill</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1.27.04 Date	
66423303 				CR2E037 (10/03)	