2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2009
Secretary of State

DOCUMENT# N04000004151

Entity Name: THE MANNA MINISTRIES, INC

Current Principal Place of Business:

1750 WHITE HERON BAY CIR
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

1750 WHITE HERON BAY CIR
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 42-1633026 **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:

LEVY, ELIZABETH
1750 WHITE HERON BAY CIR
ORLANDO, FL 32824 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: DP ( ) Delete
Name: LEVY, ELIZABETH
Address: 1750 WHITE HERON BAY CIR
City-St-Zip: ORLANDO, FL 32824

Title: DS ( ) Delete
Name: KARLIC, SUSAN
Address: 1750 WHITE HERON BAY CIR
City-St-Zip: ORLANDO, FL 32824

Title: DT ( ) Delete
Name: NORABUENA, JOSE
Address: 1750 WHITE HERON BAY CIR
City-St-Zip: ORLANDO, FL 32824

Title: D ( ) Delete
Name: MURCIO, TERESITA
Address: 5768 KINGSGATE DR
City-St-Zip: ORLANDO, FL 32839

Title: D (X) Delete
Name: LEVITS, RUTH
Address: 219 MANOEL SILVA ST
City-St-Zip: KISSIMMEE, FL 34743

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:

Title: D (X) Change ( ) Addition
Name: LEVITS, RUTH
Address: 1811 WHITE HERON BAY CIRCLE
City-St-Zip: ORLANDO, FL 32824

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: ELIZABETH LEVY DP 05/15/2009

Electronic Signature of Signing Officer or Director — Date