

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003121

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: MANNA MINISTRIES CHRISTIAN FELLOWSHIP INC

**Current Principal Place of Business:**

2740 CANDLER DR  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 390936  
DELTONA, FL 327390936

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

MITCHELL, ROBERT E  
2740 CANDLER DR  
DELTONA, FL 32725 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: P ( ) Delete  
Name: MITCHELL, ROBERT E SR  
Address: 2740 CANDLER DR  
City-St-Zip: DELTONA, FL 32725

Title: V ( ) Delete  
Name: MITCHELL, EILENA J  
Address: 2740 CANDLER DR  
City-St-Zip: DELTONA, FL 32725

Title: S ( ) Delete  
Name: ROMAN, ROXANNE  
Address: 1711 PROVIDENCE BLVD  
City-St-Zip: DELTONA, FL 32725

Title: S ( ) Delete  
Name: WRIGHT, MELISSA M  
Address: 311 RACHELLE AVE APT 814  
City-St-Zip: SANDFORD, FL 32771 VO

**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: S (X) Change ( ) Addition  
Name: WRIGHT, MELISSA M  
Address: 1193 FREEDOM LANE  
City-St-Zip: WINTER SPRINGS, FL 32708

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: EILENA MITCHELL

VP

04/15/2009

Electronic Signature of Signing Officer or Director

Date