

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2006  
Secretary of State**

DOCUMENT# N05170

Entity Name: HOMESTEAD MENNONITE CHURCH, INCORPORATED

**Current Principal Place of Business:**

30695 SW 162 AVENUE  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

30695 SW 162 AVENUE  
HOMESTEAD, FL 33033

**New Mailing Address:**

FEI Number: 59-2279394      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CUTRER, JAMES  
611 NE 12 STREET  
HOMESTEAD, FL 33030      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: SD      ( ) Delete  
Name: WORLEY, LIL  
Address: 15401 SW 289TH TERRACE  
City-St-Zip: HOMESTEAD, FL 33033

Title: TD      ( ) Delete  
Name: HARTZLER, DAVID S  
Address: 1560 NE 11TH STREET  
City-St-Zip: HOMESTEAD, FL 330334622

Title: CD      ( ) Delete  
Name: HOSTETLER, TIM  
Address: 1540 NE 11TH STREET  
City-St-Zip: HOMESTEAD, FL 33033

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD      (X) Change ( ) Addition  
Name: WYSE, JASON  
Address: 14683 SW 145TH TERRACE  
City-St-Zip: HOMESTEAD, FL 33186

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JASON WYSE

TD

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date