

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009329

FILED
Apr 22, 2009
Secretary of State

Entity Name: MANIFESTATION WISDOM CENTER, INC.

Current Principal Place of Business:

3639 CENTRAL AVE.
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2846 8TH ST. S.
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 20-5493589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMS, CARLOS E
2846 8TH ST. S.
ST. PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

SIMS, CARLOS E PASTOR
2846 8TH ST. S.
ST. PETERSBURG, FL 33705 US

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: CARLOS E. SIMS

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMS, CARLOS E PASTOR
Address: 2846 8TH ST. S.
City-St-Zip: ST. PETERSBURG, FL 33705

Title: EA () Delete
Name: SIMS, LYNNE A MIN
Address: 2846 8TH ST. S.
City-St-Zip: ST. PETERSBURG, FL 33705

Title: CFO (X) Delete
Name: HENRY, MARSHA MIN
Address: 2327 UNION ST. S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: IDOE (X) Delete
Name: DANIELS, YOLANDA D
Address: 4828 5TH AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33711

Title: DRO (X) Delete
Name: LOVE, BRENDA J
Address: 2525 54TH AVE. S. APT 1
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: EA (X) Change () Addition
Name: SIMS, LYNNE A PROPH.
Address: 2846 8TH ST. S.
City-St-Zip: ST. PETERSBURG, FL 33705

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

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

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: CARLOS E. SIMS

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date