

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90010 006 \*\*\*\*61.25

**DOCUMENT # N22367**

1. Entity Name  
**CHURCH OF JESUS CHRIST OF MARIANNA, INC.**



Principal Place of Business  
**2620 OLD AIRBASE ROAD  
 MARIANNA, FL 32308**

Mailing Address  
**4060 THOMASVILLE LANE  
 MARIANNA, FL 32448**

**DO NOT WRITE IN THIS SPACE**



02092008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3164109**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VILEQ, BERNARD  
 4060 THOMASVILLE LN  
 MARIANNA, FL 32448**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VLIEG, BERNARD 4060 THOMASVILLE LANE MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VLIEG, LEOLA 4060 THOMASVILLE LANE MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KIGER, GARY 2131 TRENT AVE GRAND RIDGE, FL 32442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Bernard Vlieg Bernard Vlieg Date: 2-11-08 (850) 482-2282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #