

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26908** (6)

1. Corporation Name
MANNA SINGERS, INC.



Principal Place of Business: C/O LINDA TOALSTER, 6127 LYN MAR DR, LAKELAND FL 33813, US
Mailing Address: C/O LINDA TOALSTER, 6127 LYN MAR DR, LAKELAND FL 33813, US

3. Date Incorporated or Qualified: **06/10/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21 **C/O William L. Heath**, 22 **1401 Orange Wood Dr**, 23 **Lakeland, FL**, 24 **33813**
2a. Mailing Address: 26 **C/O William L. Heath**, 27 **1401 Orange Wood Dr**, 28 **Lakeland, FL**, 29 **33813**, 30 **USA**

4. FEI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
TOALSTER, LINDA V
6127 LYN MAR DR
LAKELAND FL 33813

10. Name and Address of New Registered Agent
81 Name: **Heath, William L.**
82 Street Address (P.O. Box Number is Not Acceptable): **1401 Orange Wood Dr**
83
84 City: **Lakeland**, 85 Zip Code: **33813**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *William L. Heath* DATE: **4/29/96**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	GOERS, BRUCE	
STREET ADDRESS	3423 ROYAL CT S	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	
NAME	MAUL, ROBERT	
STREET ADDRESS	5120 CIMARRON DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TOALSTER, LINDA	
STREET ADDRESS	6127 LYN MAR DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	
NAME	HEATH, WILLIAM L.	
STREET ADDRESS	1401 ORANGWOOD CIRCLE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William L. Heath* DATE: **4/29/96**

CR2E037 (12/95)