


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

02-04
CORPORATION
Annual
Report

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39743

1. Corporation Name
MANNA MINISTRY, INC.

2. Principal Office Address
3500 NE 5th Ave.

3. Mailing Office Address
2832 NE 32nd Street

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State
Lighthouse Point, FL

Zip
33064

Country
Broward

Zip
33064-8501

Country
Broward

FILED
04 MAR 31 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400032120044
04/12/04--01001--001 **192.50

4. Date Incorporated or Qualified
To Do Business in Florida August 27, 1990

5. FEI Number
65-0217506

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Dr. Lubomir Lacho

Street Address (P.O. Box Number is Not Acceptable)
2832 NE 32nd Street

Suite, Apt. #, Etc.

City
Lighthouse Point

State
FL

Zip Code
33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date March 27, 2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVD	Dr. Lubomir Lacho	2832 NE 32nd Street	Lighthouse Point, FL 33064
STD	Maria Lacho	2832 NE 32nd Street	Lighthouse Point, FL 33064
D	Miriam Miller	3500 NE 5th Avenue	Pompano Beach, FL 33064
D	Mark Lacho	501 NE 35th Street	Pompano Beach, FL 33064

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] Dr. Lacho
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27 2004 954-784-0074

Date

Daytime Phone #

CR2E081 (01/04)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 24, 2004

Dr. Lubomir Lacho
2832 N.E. 32 St.
Lighthouse Point, FL 33064-8501

SUBJECT: MANNA MINISTRY, INC.
Ref. Number: N39743

Per our phone conversations and the letter from Mr. Antonio E. Leon dated March 12, 2004, the subject corporation has been returned to active status as it was voluntarily dissolved in error on February 27, 2001.

I am enclosing an annual report which will cover the years 2002-2004. The fee due is \$61.25 per year, a total of \$183.75. Please return the annual report and fee to me in the enclosed, self-addressed envelope.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 904A00019428

\$ 183.75 For Annual report 2002, 2003, 2004

\$ 8.75 for Certificate of Status (please send back to me)

\$ 192.50 Total