FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42900** **(3)**

1. Corporation Name

CROSS HAVEN MENNONITE CHURCH, INC.

Principal Place of Business	Mailing Address
4350 17TH STREET SARASOTA FL 34235	4350 17TH STREET SARASOTA FL 34235

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/10/1991**
3a. Date of Last Report: **05/11/1994**
4. FEI Number: **65-0255743** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 50 MIMOSA DRIVE SARASOTA, FL 34232-1625
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — County / 30

9. Name and Address of Current Registered Agent

LEE, H. GREG
2014 4TH STREET
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DELETE	☒ Change ☐ Addition
NAME	SOUDER, KEVIN	12 NAME	DELETE	
STREET ADDRESS	PO BOX 7013	13 STREET ADDRESS	DELETE	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	DELETE	
TITLE	TD	21 TITLE	DTR	☒ Change ☐ Addition
NAME	MURPHY, KEVIN V	22 NAME		
STREET ADDRESS	4512 ARDALE	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	MILLER, BOB	32 NAME		
STREET ADDRESS	1228 WAGON WHEEL DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	DELETE	☒ Change ☐ Addition
NAME	MULLET, MERV	42 NAME	DELETE	
STREET ADDRESS	RT 1 BOX 411-77	43 STREET ADDRESS	DELETE	
CITY-ST-ZIP	MYAKKA CITY FL	44 CITY-ST-ZIP	DELETE	
TITLE		51 TITLE	DC	☐ Change ☒ Addition
NAME		52 NAME	DANIEL V. SCHLABACH	
STREET ADDRESS		53 STREET ADDRESS	3117 McINTOSH RD.	
CITY-ST-ZIP		54 CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: Bob Trivette 4-10-95 / 813-371-0213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083184