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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N42900

(3)

CROSS HAVEN MENNONITE CHURCH, INC.

FILED May 16 1997 8:00am Secretary of State



rmicipal riac	ce of Business	Mailing Address			1 (01)	ir min Krara kraim tantı makin	dani biahi bibil dian i	
4350 17TH STREET SARASOTA FL 34235		50 MIMOSA DR SARASOTA FL 34232-	•					
		US	US			porated or Qualified 0/1991	3a. Date of Le 04/2	ast Report 5/1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied Fo		Applied For
1		26				65-0255743 Not Appl		Not Applicabl
Suite, Apt.	#, etc	├ ──	Suite, Apt. #, etc.			5. Certificate of Status Desired		
City & Sta	ilo	City & State			C Flories Co	ennaine Cinnaine		
3		28				mpaign Financing Contribution		.00 May Be ded to Fees
Zip	Country	Zip	Coun	try		ation has liability for I		
4	25	29	30		Florida Stat	tutes 🗆]Yes ☐ No	
	9. Name and Address of Curr	rent Registered Agent			10. Name and	Address of New Re	gistered Agent	
			- 1	Name				
LEE, H	I. Greg		la la	32 Street Ad	idress (P.O. Box Nur	nber is Not Acceptab	le)	
2014 4TH STREET								
SARAS	SOTA FL 34237		8					
			li li	B4 City	······································		85	Zip Code
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SIGNATURE	Signature, typed or printed name of registered	agent and litle if applicable. AND DIRECTORS			guired when reinstating) ADDITIONS	CHANGES TO OFFIC	DATE ERS AND DIREC	CTORS IN 12
SIGNATURE	Signature, typed or printed name of registered		(NOTE: Registered	Agent signature re	ADDITIONS			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS /	AND DIRECTORS	(NOTE: Registered	Agent signature re	ADDITIONS		ERS AND DIREC	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS / CD MILLER, KEN EL V.	AND DIRECTORS	(NOTE: Registered 13. 1.1 TiTl 1.2 NA	Agent signature re	ADDITIONS		CERS AND DIRECT	
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information indicated on this annual eport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the I am an officer or director of the corpolation 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 Black 13 if changed, cylon shall have the same legal effect as if made under oath; the

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/97

941-362-405