

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N45300

1. Entity Name
PINE CREEK CHAPEL MENNONITE CHURCH, INC.



Principal Place of Business
1269 S.W. PINE CHAPEL DR.
ARCADIA, FL 34266 US

Mailing Address
1267 S.W. PINE CHAPEL DR.
ARCADIA, FL 34266 US

DO NOT WRITE IN THIS SPACE



05132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0219008

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHARP, DENNIS
2902 SW HWY. 17
ARCADIA, FL 33821

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IN THIS SPACE**

6. 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 *Dennis Sharp*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-23-04

**Filing Fee is \$61.25
Due by September 8, 2004**

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

U00000161498
05/26/04 00001 015 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COPELAND, LESTER
STREET ADDRESS	1077 S W PINE CHAPEL DR
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	SD
NAME	OWEN, RATHA
STREET ADDRESS	11716 SW PINE AVE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	PD
NAME	EMERY, GEORGE
STREET ADDRESS	7049 SW GROVE DR
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	TD
NAME	DIETRICH, WILLIAM
STREET ADDRESS	616 NORTH MONROE AVENUE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	VD
NAME	KNISS, ESTHER
STREET ADDRESS	4454 N W DUNN DR
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/04 863-494-6189
Date Daytime Phone #