

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90052 016 ****61.25

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01172006 Chg-NP CR2E037 (11/05)

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																										
2. Principal Place of Business 1267 S.W. Pine Chapel Dr.		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State Arcadia, FL		City & State		4. FEI Number 65-0219008																									
Zip 34266		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SHARP, DENNIS 2902 SW HWY. 17 ARCADIA, FL 33821				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
8. 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 _____ (NOTE: Registered Agent signature required when reconstituting) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
Make check payable to Florida Department of State																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">D</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COPELAND, LESTER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1077 S W PINE CHAPEL DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ARCADIA, FL 34266</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">SD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OWEN, RATHA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11716 SW PINE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ARCADIA, FL 34266</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	COPELAND, LESTER		STREET ADDRESS	1077 S W PINE CHAPEL DR		CITY-ST-ZIP	ARCADIA, FL 34266		TITLE	SD	<input checked="" type="checkbox"/> Delete	NAME	OWEN, RATHA		STREET ADDRESS	11716 SW PINE AVE		CITY-ST-ZIP	ARCADIA, FL 34266	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kenneth E. Nauman / Kenneth E. Nauman 1-30-06 863 993.9353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #