2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N45300



FILED Jan 22, 2008 8:00 am Secretary of State

PINE CRI	BEK CHAPEL MENNO!	NITE CHUR	CH, INC.				01-22-2008	90049 00)4 ****6.	1.25
Principal Place of Business 1267 S.W. PINE CHAPEL DR. ARCADIA, FL 34266 US		1267	Mailing Address 1267 S.W. PINE CHAPEL DR. ARCADIA, FL 34266 US			-	11881 83 28 1111 4811 8811	BITTI BITTI BITTI) BITIS 18811 BYTI	### E! 1991
2. Principal P	Place of Business - No P.O. Box #	3. Maili	3. Mailing Address							
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01052008	Chg-NP	CR2E03	7 (12/06)	
City & State		City	City & State			4. FEI Numbe 65-0219			No	plied For at Applicable
Zip	Country	Zip	, ,	Cour	ntry		of Status Desired		\$8.75 Add ee Required	litional d
	6. Name and Address of Cu	rrent Registere	d Agent		Nome	7. Name and	Address of New R	egistered A	gent	
SHARP, DENNIS— 2902 SW HWY, 17					Name Street Address (P.O. Box Number is Not Acceptable)					
ARCADIA, FL 33821										
					City			FL	Zip Code	9
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) DATE										
										- 1
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Can Trust Fund C	. •	~ ~	\$5.00 May Bo	, ,	ake check ida Depart		1
10.	Due by May 1, 2008	ND DIRECTORS		. •	~ ~	Added to Fees	, ,	ida Depart	ment of St	ate
10.	OFFICERS AND PD	ND DIRECTORS		Contribution	on. 🗆	Added to Fees ADDITIONS/CHA	Flori	ida Depart RS AND DIR	ment of St	ate
TITLE NAME	OFFICERS AND PD EMRY, GEORGE D	ND DIRECTORS	Trust Fund C	11. TIFLE	PD	Added to Fees ADDITIONS/CHA	Flori	ida Depart RS AND DIR	ment of St	10
TITLE	OFFICERS AND PD	ND DIRECTORS	Trust Fund C	11. TIFLE NAME STREE	PD TO	Added to Fees ADDITIONS/CHA	Flori ANGES TO OFFICE! Heading Dr.	ida Depart	ment of St	10
TITLE NAME STREET ADDRESS	OFFICERS AND OFFIC	ND DIRECTORS	Trust Fund C	11. TIFLE NAME STREE	TADDRESS 60°ST-ZIP	Added to Fees ADDITIONS/CHA	Floringes to office begge Dr. 342	ida Depart	ment of St	10
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	PD EMRY, GEORGE D 7049 SW GROVE DR ARCADIA, FL 34266 SD PEACHEY, ANNETTE	ND DIRECTORS	Trust Fund C	11. TIFLE NAME STREE CITY- TITLE NAME	TADDRESS 60° ST-ZIP 90°	Added to Fees ADDITIONS/CHA Peac Pine 1	Floringes to officer Acyge Dr. FL 342	Ida Depart	ment of St	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD EMRY, GEORGE D 7049 SW GROVE DR ARCADIA, FL 34266 SD PEACHEY, ANNETTE 6097 PINE BRIDGE DR	ND DIRECTORS	Trust Fund C	11. TIFLE NAME STREE CITY- TITLE NAME STREE	TADDRESS 605 ST-ZIP FO	Added to Fees ADDITIONS/CHA Peac Pine 1 Cadia Ja Rnde Zy N.W.	Floringes TO OFFICEI headinge Dr. FL 347 rson myrrle	RS AND DIR	ment of St	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREEF ADDRESS CITY-ST-ZIP	PD EMRY, GEORGE D 7049 SW GROVE DR ARCADIA, FL 34266 SD PEACHEY, ANNETTE	ND DIRECTORS	Trust Fund C	11. THE NAME STREE CITY- TITLE NAME STREE CITY- CITY- CITY-	TADDRESS ST-ZIP FO	Added to Fees ADDITIONS/CHA Peac Pine S Cadia Ander Zy N.W. Cadia	Floringes TO OFFICEI headinge Dr. FL 347 rson myrrle	AUC	ment of St ECTORS IN Change	10 Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2008 OFFICERS AN PD EMRY, GEORGE D 7049 SW GROVE DR ARCADIA, FL 34266 SD PEACHEY, ANNETTE 6097 PINE BRIDGE DR ARCADIA, FL 34266 TD EMERY, SHERI 7049 S.W. GROVE DR	ND DIRECTORS	Trust Fund C	11. THE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	TADDRESS ST-ZIP TO GO	Added to Fees ADDITIONS/CHA Peac Pine 1 Cadia Cadia Ancy Ha 130 Su	Floringes TO OFFICES headinge Dr. FL 347 rson myrric FL 342 Rabbit 7	AUC	ment of St ECTORS IN Change	10 Addition Addition
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under cath; 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.

Date Daytime Phone #