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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N47577

(4)

MANNA CHRISTIAN COVENANT CHURCH, INCORPORATED

178-11-11-0	A CHROTIAN COVERANT	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	1100111 011	,,,,,,,			
Principal Place	of Business	Mailing Address					
11020 ROSEMA BONITA SPRIN			osemary dr. Springs Fl 34	4135-5245		\$	
						3. Date Incorporated or Qualified 02/27/1992	3a. Date of Last Report 04/29/1996
21	ace of Business	26				4. FEI Number 65-0315844	Applied For Not Applicable
Sulte, Apt. 4	·	27	+_d			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29		Gountr 30	ſΥ	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
£41	9. Name and Address of Curren		Agent			10. Name and Address of New Re	
				81	1 Name		
CROWTHER, STEVEN S.				82	2 Street	Address (P.O. Box Number is Not Acceptal	ble)
	Rosemary dr. , Springs fl 33923			83	3		
DVINIA	OFFINITION I E SOULE			84	4 City		85 Zip Code
]]		
office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obligation of the provisions of the provisions of the section of the provisions	eot Florida, Suc	ch change was	is authorized b	by the corp	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered ipt the appointment as registered
	Signature, typed or printed name of registered age				gent signature	required when reinstating)	DATE
12.	OFFICERS ANI	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	
TITLE	PD ONTHED STEVEN S		☐ DELETE	1.1 TILE			☐ Change ☐ Addition
NAME STREET ADDRESS	CROWTHER, STEVEN S. .P.O. BOX 2766 N/A			1.2 AME	E Et address		and the
CITY-ST-ZIP	BONITA SPRINGS FL			1,3 FREE 1,4 ITY-	7		
TITLE	VD		DELETE	2.1 TITLE			Change Addition
NAME	QUINN, PETER T.			2.2 NAME	E		·
STREET ADDRESS	P.O. BOX 15 N/A			2.3 STREF	et address		
CITY - ST - ZIP	BONITA SPRINGS FL			2. 4 CITY-	-ST-ZIP		
TITLE	STD		DELETE	3.1 TITLE	ł		Change Addition
NAME	GONZALEZ, LUIS			3.2 NAME		T	t n
STREET ADDRESS	11830 IMPERIAL PINES BONITA SPRINGS FL				ET ADDRESS	11670 Imperial Pines	way
CITY-ST-ZIP TITLE	DUNITA OFFINGO FL		DELETE	3.4. CITY - 4.1 TITLE			☐ Change ☐ Addition
NAME	RAY, KEVIN			4. 2 NAMI			
STREET ADDRESS	P.O. BOX 3059 N/A				ET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923			4.4 CITY -	ſ		
TITLE			DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME	ì		
STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP			DELETE	5.4 CITY-			Change Addition
TITLE	İ		TT DETEL	6.1 TITLE 6.2 NAME			Citalige E Mounton
NAME STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP				6.4 CITY -	į.		
de I de bores	by certify that the information supplier in Indicated on this annual report or s fficer or director of the corporation or in Block 12 of Block 13 of the figer o	d with this filing supplemental a the receiver of on an attach	g does not qua annual report is a kustee empk nent with an a	alifut Se than av	comption of	tated in Section 119.07(3)(i), Florida Statute I that my signature shall have the same leg report is required by Chapter 617, Florida	es. I further certify that the lat effect as if made under oath; that Statutes; and that my name