2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # N50695 1. Entity Name MANASOTA CHRISTIAN CHAPEL, INC. Principal Place of Business Mailing Address 1450 46TH AVE DR W BRADENTON FL 34207 1450 46TH AVE DR W BRADENTON FL 34207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 65-0360318 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADLEY, MILTON 2103 IVY PLACE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34235 City Zip Code 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 reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MILE ☐ Defete 7171.6 Change | Addition BRADLEY, MILTON NAME MALA 2103-IVY PLACE STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CHTY-ST-ZIP CITY-ST-7IP THE TT Change Addition THILE ☐ Delete PENNINGTON, GREG NAME NAME 1910 15TH AVE DR. W. STREET ADDRECS STREET ADDRESS BRADENTON FL 34205 CITY-ST-ZIP CITY-ST- 21P Change ☐ Addition TITLE Delete nn pNAME MAURER, DOUG U00000292568 STREET ADDRESS 917 35TH AVE, DR. E. STREET ADDRESS 04/07/05-80077-003 61.25 **BRADENTON FL 34208** CITY-ST ZIP CITY-ST-ZIP ☐ Change Addition пъг MUE Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete HHE TITLE Change Addition NAME STREET ADDRESS STREET AUDRESS CITY ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STRLET ADDRESS STREET ADDRESS CITY-ST-7/P 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)(i), 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 of 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 Y 1/400 Example of SIGNING OFFICER OF DIRECTOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Dayure Phone 4