


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000000742	
1. Entity Name MANTHANO CHRISTIAN ACADEMY, INC.	

Principal Place of Business 2110 OLD DAYTONA ROAD PORT ORANGE, FL 32128	Mailing Address 2110 OLD DAYTONA ROAD PORT ORANGE, FL 32128 US
---	--



D4192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3304514	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WARREN, RUTH E 2110 OLD DAYTONA ROAD PORT ORANGE, FL 32128
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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

**U000000911342
05/07/08-80035-020 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARREN, RUTH E 2110 OLD DAYTONA ROAD PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARREN, SCOTT C 2110 OLD DAYTONA ROAD PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARREN, TIMOTHY C 2110 OLD DAYTONA RD PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Ruth E. Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-08 386-258-3060
Date Daytime Phone #