

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001655

FILED
Mar 02, 2009
Secretary of State

Entity Name: MANNA MINISTRIES OF LAKE PLACID INC.

Current Principal Place of Business:

416 KENT AVE.
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

416 KENT AVE.
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 65-0573102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THAYER, GLEN N
1816 TAYLOE LANE
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: JENNESSEE, CONNIE
Address: 1236 LAKE CLAY DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: VP () Delete
Name: JONGENS, ELLEN
Address: 354 LIME RD NW
City-St-Zip: LAKE PLACID, FL 33852

Title: P () Delete
Name: THAYER, GLENN
Address: 1816 TAYLOE LN.
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: KEEN, AVIS
Address: 746 LAKE JUNE ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: BECKER, THELMA
Address: 311 W. WATERWAY AVE. NW
City-St-Zip: LAKE PLACID, FL 33852

Title: TVP () Delete
Name: THAYER, GLENN
Address: 1816 TAYLOE LN
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CHRISTIANSEN, MARLENE
Address: 145 FOREVER AVE.
City-St-Zip: LAKE PLACID, FL 33852

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE CHRISTIANSEN

D

03/02/2009

Electronic Signature of Signing Officer or Director

Date