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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000001141

MANNA INTERNATIONAL, INC. Principal Place of Business Mailing Address 711 ST. JOHNS BLUFF ROAD 711 ST. JOHNS BLUFF ROAD 3. Date Incorporated or Qualified JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 02/24/1997 FEI Number Applied For *59-343584*3 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional \mathbf{X} 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ No 28 🛛 Yes 23 Zin Country Żip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REDKO, VIKTOR Street Address (P.O. Box Number is Not Acceptable) 3206 JUSTINA ROAD 4 JACKSONVILLE FL 32211 83 84 City Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTD DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition REDKO, VIKTOR NAME 1.2 NAME 3206 JUSTINA ROAD 4 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP 1.4 CITY-ST-ZIP ___ DELETE Change Addition TITLE 2.1 TITLE CARSON, LARRY E NAME 2.2 NAME STREET ADDRESS 49 SANOCOL DRIVE 2.3 STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition CARSWELL, JOHN R NAME 3.2 NAME 8471 CASSIE ROAD STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32221 CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE Change Addition 4.1 TITLE NAME KULAKEVICH, PETER 4. 2 NAME 20511 68TH AVENUE W APT 203 STREET ADDRESS 4.3 STREET ADDRESS

CiTY-ST-7tP 6.4 CITY - ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if chapted or on an attachment with an address.

4.4 CITY - ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

LYNNWOOD WA 98036

DELETE

DELETE

01.07.98 1909/743-2404

Change

Change

Addition

Addition

FILED

Jan 20 1998 8:00am

Secretary of State