

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002268

FILED
Jun 26, 2005
Secretary of State

Entity Name: MANNA UNLIMITED MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

450 JACKSON RD
JACKSONVILLE, FL 32225

New Principal Place of Business:

606 JACKSON RD
JACKSONVILLE, FL 32225

Current Mailing Address:

450 JACKSON RD
JACKSONVILLE, FL 32225

New Mailing Address:

606 JACKSON RD
JACKSONVILLE, FL 32225

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURKE, JULIE A
450 JACKSON RD
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

BURKE, JULIE A
606 JACKSON RD
JACKSONVILLE, FL 32225 US

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:

06/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP Delete
Name: BURKE, JULIE A
Address: 450 JACKSON RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV Delete
Name: EGGLESTON, CLARA A
Address: 450 JACKSON RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: DST Delete
Name: EGGLESTON, CHARLOTTE
Address: 3904 EDIDIN DR
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP Change Addition
Name: BURKE, JULIE A
Address: 606 JACKSON RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV Change Addition
Name: EGGLESTON, CLARA A
Address: 606 JACKSON RD
City-St-Zip: JACKSONVILLE, FL 32225

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 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 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: JULIE A. BURKE

DP

06/26/2005

Electronic Signature of Signing Officer or Director

Date