

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005850

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: MANNA MARRIAGE MINISTRY, INC.

## Current Principal Place of Business:

1481 BLUEBERRY DRIVE  
TITUSVILLE, FL 32780

## New Principal Place of Business:

## Current Mailing Address:

1481 BLUEBERRY DRIVE  
TITUSVILLE, FL 32780

## New Mailing Address:

FEI Number: 59-3477690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLLE, BILL  
1481 BLUEBERRY DRIVE  
TITUSVILLE, FL 32780 US

## Name and Address of New Registered Agent:

COLLE, WILLIAM J  
1481 BLUEBERRY DRIVE  
TITUSVILLE, FL 32780 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: WILLIAM J. COLLE

04/14/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COLLE, WILLIAM J  
Address: 1481 BLUEBERRY DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: VD ( ) Delete  
Name: MINNICH, DON  
Address: 9805 BOUNTIFUL WAY  
City-St-Zip: MIDLAND, VA 22728

Title: SD ( ) Delete  
Name: MINNICH, MARY  
Address: 9805 BOUNTIFUL WAY  
City-St-Zip: MIDLAND, VA 22728

Title: D (X) Delete  
Name: OAKS, MOLLIE  
Address: 1481 BLUEBERRY DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: TD ( ) Delete  
Name: COLLE, KAREN  
Address: 1481 BLUEBERRY DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

## 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: ( ) 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: WILLIAM J. COLLE

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date