5/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State
05-11-2001 90099 044 ****61.25

DOCUMENT # N99000007613

1. Entity Name

GOD'S MANNA INC.

(LA)

Principal Place of Business	Mailing Address
121 LOUIS BROER RD. E. PALATKA FL 32131	RT. 6 BOX 528 PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	115 PINYON LN Suite, Apt. #, etc.
City & State	City & State: PALATKA FL
Zip / Country	Zip: 32177 / Country: PUTNAM

59-3642204

4. FEI Number ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, ANGELA D 121 LOUIS BROER RD. E. PALATKA FL 32131	Name: ANGELA D JOHNSON Street Address (P.O. Box Number is Not Acceptable): 108 PUTNAM AVE City: E PALATKA FL Zip Code: 32131

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCOY, JAMES RT. 6 BOX 528 PALATKA FL 32177	☐ Delete	~~SHEILA MCCOY TEAM LEADER~~	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, DONALD P.O. BOX 364 E. PALATKA FL 32131	☐ Delete	TEAM LEADER SHEILA MCCOY 115 PINYON LN PALATKA FL 32177	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURDEN, EMMA RT. 6 BOX 312 PALATKA FL 32177	☐ Delete	ASSISTANT LEADER ANGELA JOHNSON P.O BOX 364 E PALATKA FL 32132	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	ASSISTANT LEADER CYNTHIA ELLIS 712 N 14 ST PALATKA FL 32177	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (10/00)

12. 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 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: Sheila McCoy SHEILA MCCOY 4-28-2001 904 328 3569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 12503 #IN9900005613

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 05-08-2000
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 59-3642204
FORM: SS-4
0716919459 0

X

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

GODS MANNA INC
% SHELIA M MCCOY
RT 6 BOX 528
PALATKA FL 32177

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3642204. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office, Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Thank you for your cooperation.

Keep this part for your records. CP 575 E (Rev. 1-2000)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

0716919459

Your Telephone Number ( ) -

Best Time to Call

DATE OF THIS NOTICE: 05-08-2000
EMPLOYER IDENTIFICATION NUMBER: 59-3642204
FORM: SS-4

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

GODS MANNA INC
% SHELIA M MCCOY
RT 6 BOX 528
PALATKA FL 32177