

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007613

FILED
Apr 26, 2004
Secretary of State**Entity Name:** GOD'S MANNA INC.**Current Principal Place of Business:**340 S WOODLAND BLVD
DELAND, FL 32720 US**New Principal Place of Business:****Current Mailing Address:**115 PINYON LANE
PALATKA, FL 32177**New Mailing Address:****FEI Number:** 59-3642204**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOHNSON, ANGELA D
340 S WOODLAND BLVD
DELAND, FL 32720 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: D () Delete
Name: MCCOY, JAMES
Address: 115 PINYON LN
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: JOHNSON, DONALD
Address: P.O. BOX 364
City-St-Zip: E. PALATKA, FL 32131 US

Title: D () Delete
Name: ELLIS, CYNTHIA L
Address: 712 N 14 ST
City-St-Zip: PALATKA, FL 32177 US

Title: TL () Delete
Name: MCCOY, SHEILA
Address: 115 PINYON LANE
City-St-Zip: PALATKA, FL 32177 US

Title: D () Delete
Name: JOHNSON, ANGELA
Address: P.O. BOX 364
City-St-Zip: E. PALATKY, FL 32132

Title: D () Delete
Name: ADONICAN-JONES, SYLVIA
Address: 712 N. 14 ST
City-St-Zip: PALATKA, FL 32177 US

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
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Title: () Change () Addition
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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 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: SHEILA MCCOY

TL

04/26/2004

Electronic Signature of Signing Officer or Director

Date