

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007613

FILED  
Apr 15, 2009  
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:

820 REID ST SUITE 2  
PALATKA, FL 32177 US

## 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: 340 S WOODLAND BLVD  
City-St-Zip: DELAND, FL 32720 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: 340 S WOODLAND BLVD  
City-St-Zip: DELAND, FL 32720

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: LP (X) Change ( ) Addition  
Name: MCCOY, SHEILA  
Address: 115 PINYON LANE  
City-St-Zip: PALATKA, FL 32177 US

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: SHEILA MCCOY

LP

04/15/2009

Electronic Signature of Signing Officer or Director

Date