


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb-16, 2005 08:00 AM
Secretary of State

DOCUMENT # F0000006066
 1. Entity Name
MARANATHA HOME MISSIONS INC.



Principal Place of Business
17630 SW 76 AVE
MIAMI, FL 33157

Mailing Address
17630 SW 76 AVE
MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE



02122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
38-2158284

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
COOK, GARY
17630 SW 76 AVE.
MIAMI, FL 33157

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000232129
 02/16/05-80062-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD GLENN, JOHN A 17630 SW 76 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COOK, GARY 17630 SW 76 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GLENN, PATRICIA A 17630 SW 76 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COOK, KAREN 17630 SW 76 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Rev. John A Glenn* **REV. JOHN A GLENN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-05 **2-14-05** *305-255-1967* **305-255-1967**
Date Daytime Phone #