

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006253

1. Entity Name
MARANATHA BRETHERN IN CHRIST CHURCH, INC.



Principal Place of Business

**951 E 4TH AVE
HIALEAH, FL 33010**

Mailing Address

**951 E 4TH AVE
HIALEAH, FL 33010**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

07-2100000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOREJON, ANER R
951 E 4TH AVE
HIALEAH, FL 33010**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOREJON, ANER R
STREET ADDRESS	3270 W 78TH ST
CITY - ST - ZIP	HIALEAH, FL 33018
TITLE	D
NAME	LIANES, EDUARDO G
STREET ADDRESS	8928 SW 150TH AVE
CITY - ST - ZIP	MIAMI, FL 33196
TITLE	D
NAME	HERNANDEZ, MOISES
STREET ADDRESS	4045 W 9TH CT
CITY - ST - ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000366319
05/16/05-80011-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-05 (305) 883-6744

Date

Daytime Phone #