FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001328 (3)**

1. Corporation Name

MISSION MARANATHA, ASSEMBLIES OF GOD, INC.

Principal Place of Business	Mailing Address
6802 PALM RIVER ROAD TAMPA FL 33619	6802 PALM RIVER ROAD TAMPA FL 33619

3. Date Incorporated or Qualified: **03/15/1994**

3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business — 21

Suite, Apt. #, etc. — 22

City & State — 23

Zip — 24 Country — 25

2a. Mailing Address — 26

Suite, Apt. #, etc. — 27

City & State — 28

Zip — 29 Country — 30

4. FEI Number: APPLIED FOR 59-3292997 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSADO, JOSE
613 S 67TH STREET
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Jose Rosado (PASTOR) DATE: 1-18-96

Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTR ROSARIO, LIBERTAD 6830 KINGSTON DR. TAMPA FL 33619	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STR LUGO, NORMA I 1712 WINDERMERE WAY TAMPA FL 33619	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition Delila Dowes - STR 9023 Glen View Dr Tampa Fla 33614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTR RIVERA, SAMUEL 1802 E. SITKA ST TAMPA FL 33604	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR CONCEPCION, (DORVES) Dowes 7023 GLENVIEW DR. TAMPA FL 33619	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 100001762581 -03/29/96--01042--006 ***74.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR ROSADO, LUIS 1202 CEDAR THREE LN. SEFFNER FL 33584	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 900001762579 -03/29/96--01042--006 ***74.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR AVILES, JUAN 7706 GRAY MOSS LN. TAMPA FL 33619	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 900001762579 -03/29/96--01042--006 ***74.00 3-28-96

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Libertad Rosario - Treasurer 1-18-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

813) 623-5469 Home
626-4103 Office

Daytime Phone #