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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33619-3913

3. Date Incorporated or Qualified: 03/15/1994
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 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 _____ DATE 2/5/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TTR	☐ DELETE	1.1 TITLE	SANTiago IThamar	☐ Change ☑ Addition
NAME	ROSARIO, LIBERTAD		1.2 NAME		
STREET ADDRESS	6830 KINGSTON DR.		1.3 STREET ADDRESS	7702 Rivergate Dr. # 821	
CITY-ST-ZIP	TAMPA FL 33619		1.4 CITY-ST-ZIP	Tampa FLA. 33619	TR
TITLE	STR	☐ DELETE	2.1 TITLE	TR	☐ Change ☑ Addition
NAME	DALILA, DONES		2.2 NAME	Pablo Rodriguez	
STREET ADDRESS	7023 GLENVIEW DRIVE		2.3 STREET ADDRESS	12923 Long crest. Dr.	
CITY-ST-ZIP	TAMPA FL 33619		2.4 CITY-ST-ZIP	Riverview, FLA. 33569	
TITLE	VTR	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RIVERA, SAMUEL		3.2 NAME		
STREET ADDRESS	1802 E. SITKA ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33604		3.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CONCEPCION, DONES		4.2 NAME		
STREET ADDRESS	7023 GLENVIEW DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619		4.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROSADO, LUIS		5.2 NAME		
STREET ADDRESS	1202 CEDAR THREE LN.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL 33584		5.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	AVILES, JUAN		6.2 NAME		
STREET ADDRESS	7706 GRAY MOSS LN.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 **REQUIRED** Feb 7, 1997 759-4428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0048520