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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001328**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/15/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3292997 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSADO, JOSE 613 S 67TH STREET TAMPA FL 33619	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
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	Iris Notora Nova	☐ Change ☑ Addition
NAME	ROSARIO, LIBERTAD		1.2 NAME		
STREET ADDRESS	6830 KINGSTON DR.		1.3 STREET ADDRESS	704 Flame Tree Rd.	
CITY-ST-ZIP	TAMPA FL 33619		1.4 CITY-ST-ZIP	Tampa Fl. 33619	
TITLE	STR	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DALILA, DONES		2.2 NAME		
STREET ADDRESS	7023 GLENVIEW DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619		2.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PABLO RODRIQUEZ		3.2 NAME		
STREET ADDRESS	12923 LONG CREST DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL		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	1811 Cattleman Dr.	
CITY-ST-ZIP	SEFFNER FL 33584		5.4 CITY-ST-ZIP	Brandon. Fl. 33511	
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		

14. 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 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, with all other like empowered.

SIGNATURE: Iris Notora Nova **OFFICER OR DIRECTOR REQUIRED** 2-18-99 (813) 620-9103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)