2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105263

Name:

Address: City-St-Zip:

Apr 30, 2009 Secretary of State

Entity Name: MARANATHA CHRISTIAN COLLEGE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1451 W. CYPRESS CREEK RD #300 FT. LAUDERDALE, FL 33309 **Current Mailing Address: New Mailing Address:** 1451 W. CYPRESS CREEK RD #300 FT. LAUDERDALE, FL 33309 FEI Number: 41-2195945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NORTON, KEVIN J PHD 1451 W. CYPRESS CREEK RD #300 FT. LAUDERDALE, FL 33309 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition NORTON, JOANNE PHD Name: Name: 1451 W. CYPRESS CREEK RD #300 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33309 City-St-Zip: Title: Title: () Delete () Change () Addition Name: NORTON, KEVIN PHD Name: 1451 W. CYPRESS CREEK RD #300 Address: Address: FT. LAUDERDALE, FL 33309 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition RINGLING, JULIUS PHD SOUDER, SHARON PHD Name: Name: 1451 W. CYPRESS CREEK RD #300 1451 W. CYPRESS CREEK RD #300 Address: Address: FT. LAUDERDALE, FL 33309 City-St-Zip: FT. LAUDERDALE, FL 33309 City-St-Zip: Title: () Delete Title: (X) Change () Addition ANIBAL, REYES CHAP ANIBAL, REYES PHD Name: Name: Address: 1451 W. CYPRESS CREEK RD #300 Address: 1451 W. CYPRESS CREEK RD #300 City-St-Zip: FT. LAUDERDALE, FL 33309 City-St-Zip: FT. LAUDERDALE, FL 33309 Title: Title: () Change (X) Addition () Delete

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name: Address:

City-St-Zip:

MAUREEN, GILLESPIE

FT LAUDERDALE, FL 33309

1451 W. CYPRESS CREEK RD #300

SIGNATURE: KEVIN NORTON D 04/30/2009