

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001039

Entity Name: MARANATHA COMMUNITY SECOND HAND DEPOT,INC**Current Principal Place of Business:**49 BROADWAY CIRCLE
FORT MYERS, FL 33901**Current Mailing Address:**49 BROADWAY CIRCLE
FORT MYERS, FL 33901 US**FEI Number: 30-0804784****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIERRE-, MAX
4141 DELEON STREET
FORT MYERS, FL, FL 33901 US*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**Officer/Director Detail :**

Title	P
Name	SAINT-MARC, SAINTAMISE
Address	4206 ENTERPRISE AVENU
City-State-Zip:	NAPELS, FL 34101

Title	VP
Name	BELLOT, JACQUELINE
Address	2033 FAIRMARK LANE
City-State-Zip:	NAPLES FL 34112

Title	SECR
Name	CAPORAL, MERCILIA
Address	6345 SHOLTS STREET
City-State-Zip:	NAPLES FL 34113

Title	TREA
Name	SAINT-MARC, MATTHIEU
Address	4846 THAITI LANE
City-State-Zip:	NAPLES FL 33901

Title	MEMB
Name	FRANCOIS, LORNA
Address	3132 PALM AVE
City-State-Zip:	FORT MYERS FL 33901

Title	MEMB
Name	JULMISSE, ERLANDE
Address	2306 CENTRAL TERRACE
City-State-Zip:	FORT MYERS FL 33901

Title	DIRECTOR
Name	PIERRE, MARMONTEL
Address	49 BROADWAY CIRCLE
City-State-Zip:	FORT MYERS FL 33901

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARMONTEL PIERRE**DIRECTOR****04/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date