

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001039

Entity Name: MARANATHA COMMUNITY SECOND HAND DEPOT,INC**Current Principal Place of Business:**125 GILBERT AVENUE S.
LEHIGH ACRES, FL 33973**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, MARMONTEL 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:** MARMONTEL MAX PIERRE

04/29/2019

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**REGISTERED AGENT**

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date