FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 15, 2002 8:00 am DOCUMENT # **712272** Secrétary of State 07-15-2002 90188 039 ****61 MARANATHA BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 2532 WEST THARPE 2532 WEST THARPE TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1591988 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REYES, SERGIO J. 2601 W. THARPE ST. TALLAHASSEE FL 32303 Zip Code FL 8. 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE NELSON, GARY ☑ Delete TITLE - S Change Addition NAME timmons, gene NAME 1864 OAK RIDGE AUE STREET ADDRESS RT 4 BOX 4074M STREET ADDRESS GRAND RIDGE FL. 32442 CITY-ST-ZIP CITY-ST-ZIP Monticello FL 32344 TITLE ▼ Delete TITLE Addition ☐ Change NAME timmons, brett h MARTINEZ MARC NAME STREET ADDRESS STREET ADDRESS 1722 Indian town Ln . 2524 PECAN RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL. 32303 TALLAHASSEE FL 32312 DVC 🔀 Delete TITLE Change ☐ Addition NAME HANEY, LEONARD NAME STREET ADDRESS |RT. 3. BOX 430-H STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tallahassee Fl TITLE PD ☐ Delete TITLE **☑** Change ☐ Addition SERGIO REVES, NAME REYES, SERGIO NAME 35 GLOVER LANE STREET ADDRESS 317 STARMOUNT DRIVE STREET ADDRESS CITY-ST-ZIP Tallahassee fl CITY-ST-ZIP HAUANA FL. 32333 TITLE ☐ Delete TITLE Change ☐ Addition NAME WILLIAMS, CHARLES WILLIAMS, CHARLES NAME STREET ADDRESS 423 SCOTT CIR STREET ADDRESS 423 SCOTT CIR CITY-ST-ZIP CITY-ST-ZIP HAVANA FL 32333 HAUANA FL. 32333 TITLE ☐ Delete ☐ Addition ☐ Change NAME NAME

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address,

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

JIRED