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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

722486

(8)

MARANATHA APARTMENTS, INC.

Principal Place of Business	Mailing Address
11 S.W. 4TH AVENUE	11 S.W. 4TH AVENUE
BOCA RATON FL 33432	BOCA RATON FL 33432-4719

FILED Mar 11 1997 8:00am Secretary of State



BOCA RATON FL 33432		BOCA RATON FL 33432-4719										
						3.	Date Incorporated 01/20/1972			e of Last R)2/16/19		
2. Principal Place of Business 2a. Mailing Address			<u> </u>			4.	FEI Number	······	J	Ap	plied For	
21	26					23-7415032	?		No	t Applicable		
Suite, Apt. #, Suite, Apt. #,			etc.			5.	Certificate of Statu	s Desired	X	\$8.75		
22		27							Fee Re	equired		
City & State	ı	City & State			- 1	Election Campaign			\$5.00			
23		28					Trust Fund Contrib	····	<u></u>	Added		
Zip	Country	Zip	Cou	ntry			This corporation ha			-	. 199.032,	
24	25 25 Name and Address of Curren	29 t Registered Agent	30	· · · · · ·			Florida Statutes		Yes X			
Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent						
DDO4ED												
BROWER, EVELYN C.				82	Street Address (P.O. Box Number is Not Acceptable)							
11 SW 4TH AVE, APT C-26			ŀ	83								
BOCA R	ATON FL 33432											
			[64	City				FL	85 Zip	Code	
44 Ourought	o the provisions of Sections 617.050	2 and 617 1509 Florida Statut	an the at	2010	named core	narotion	nubmite this state	mont for the n		abanaina it	e registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida, Such change was a	es, me ac authorized	d by t	the corporal	ation's b	oard of directors.	hereby accep	t the appo	intment as	registered	
agent. Lar	n familiar with, and accept the obliga	itions of, Section 617.0503, Fit	orida Stat	utes.		1						
SIGNATURE _	Signature, typod or printed name of registered agei	of and title it annitoshis (NOT	E: Benisterer	d Agent	t elonature regul	ilted when	reinetation)		DATE	 		
			13.	gistered Agent signature require			ODITIONS/CHANG	ES TO OFFIC		DIRECTOR	RS IN 12	
TITLE	Р	☐ DELETE	1.1 79	TLE						Change	Addition	
NAME	COOTE, CYRIL		1.2 NA	AME	- 1					•		
STREET ADDRESS	11 SW 4 AVE APT B24				.DDRESS							
CITY-ST-ZIP	BOCA RATON FL		1	ITY-ST-	- 1							
TITLE	VD /	DELETE		TLE V			······································			Change	Addition	
NAME	BECCE, ROCCO M.	х	2.2 N	AME	н	1. E	LMORE BL	ANTON		41		
STREET ADDRESS	11 SW 4TH AVE APT A-10					11 SW 4th AVE. APT.C-36						
CITY-ST-ZIP	BOGA RATON FL		2. 4 CITY-ST-ZIP			BOCA RATON, FL.						
TITLE	TD DELETE			3.1 TiTLE		יזבעער				Change	Addition	
NAME	BROWER, EVELYN C.		3.2 NA	AME								
STREET ADDRESS	11 SW 4TH AVE., APT C-26		3.3 ST	TREET A	DDRESS							
CITY-ST-ZIP	BOCA RATON FL		3.4. C	3.4. CITY-ST-ZIP				•				
TITLE	SD SD	K DELETE	4 4 70	TI E						X Change	Addition	
NAME	ULITSCH, ELIZABETH		4.2 N	IAME S	ر لاه	A NINI T	E CRONIN	•				
STREET ADDRESS	11 SW ATH AVE APT C-34						W 4th AV	n kom	B_24			
CITY-ST-ZIP	BOCA RATON FL			 ITY-\$T-	T-0 [E. AFI				
TITLE	ASTD	DELETE	5.1 TI	TI F	 	BUU /	KHIUNT	L'alif v		Change	Addition	
NAME	LECKIE, ANNE	Λ	5.2 N/	AME E	3D			**		X.		
STREET ADDRESS	11 SW 4TH AVE APT C-28		5.3 S1	TREET A	manron +	ISOE	BEL T. LA	W .	~ ^	· E		
CITY-ST-ZIP	BOCA RATON FL			TY-ST-	,,, 1		W 4th AV		. C+2	. .		
TITLE		☐ DELETE	6.1 TI			BOCA	RATON,	1 17		Change	Addition	
NAME			6.2 N/	AME		-						
STREET ADDRESS			1		UDDRESS							
CITY-ST-ZIP				ITY-ST-								
			*****			16 0		tavida Otatuta	1.6 -45		AL -	

4. I do 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 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.

SIGNATURE

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Mar. 5, 1997

Daytime Phone # ________