

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90003 029 ****70.00

DOCUMENT # 722486

1. Entity Name

MARANATHA APARTMENTS, INC.



Principal Place of Business

**11 S.W. 4TH AVENUE
BOCA RATON FL 33432**

Mailing Address

**11 S.W. 4TH AVENUE
BOCA RATON FL 33432**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7415032

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAW, ISOBEL T
11 SW 4 AVE APT C 25
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PLOURDE, RICHARD E**
STREET ADDRESS **11 SW 4TH AVE APT B-15**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VD** ☐ Delete
NAME **WATKINS, PAULINE**
STREET ADDRESS **11 SW 4TH AVE., APT. B-22**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **TD** ☐ Delete
NAME **LAW, ISOBEL T**
STREET ADDRESS **11SW 4 AVE APT C25**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **BD** ☐ Delete
NAME **MEYER, RALPH**
STREET ADDRESS **11 SW 4TH AVE. APT C-25**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **SD** ☐ Delete
NAME **RICH, SRDYTHE**
STREET ADDRESS **11 SW 4TH AVE APT B14**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CORRECTION ☒ Change ☐ Addition
NAME
STREET ADDRESS **11, S.W. 4th AVE., APT. A-5**
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CORRECTION ☒ Change ☐ Addition
NAME
STREET ADDRESS **11, S.W. 4th AVE., APT. A-7**
CITY-ST-ZIP

CORRECTION ☒ Change ☐ Addition
NAME
STREET ADDRESS **RICH, ARDYTHE**
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Isobel T. Law **ISOBEL T. LAW.**

01-30-04.

(561) 395-0870.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #