


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90110 050 \*\*\*\*70.00

<b>DOCUMENT # 722486</b> 1. Entity Name <b>MARANATHA APARTMENTS, INC.</b>					
Principal Place of Business <b>11 S.W. 4TH AVENUE BOCA RATON, FL 33432</b>			Mailing Address <b>11 S.W. 4TH AVENUE BOCA RATON, FL 33432</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>23-7415032</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HAVELKA, CHARLES 11 SW 4 AVE BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent Name <b>DIAMOND DOLORES D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>11 SW 4TH AVE 36C</b> City <b>BOCA RATON</b> FL <b>33432</b>	
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 <b>Dolores D Diamond</b> <b>TREASURER</b> <b>DOLORES DIAMOND</b> <b>2-3-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FROST, DAN 11 SW 4TH AVENUE, APT A1 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JEFFERIES, WILLIAM 11 SW 4TH AVENUE, APT 28C BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HAVELKA, CHARLES 11 SW 4TH AVENUE, APT 31-C BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BD WALSH, MICHAEL 11 SW 4TH AVENUE, APT 11A BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PATTERSON, HESTER 11 SW 4TH AVE 22B BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PATTERSON, HESTER 11 SW 4TH AVE 22B BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DIAMOND, DOLORES D 11 SW 4TH AVE 36C BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HOFFMAN, ROBERT 11 SW 4TH AVE 24B BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BUTLER, ELEANOR 11 SW 4TH AVE 26C BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DIAMOND, DOLORES D 11 SW 4TH AVE 36C BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: Dolores D Diamond</b> <b>TREASURER</b> <b>DIAMOND</b> <b>2-3-07</b> <b>5613952321</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					