

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:09

DOCUMENT # 723832 (2)

1. Corporation Name

MARANATHA BAPTIST CHURCH OF HILLIARD, FLORIDA, I
NC.

Principal Place of Business

Mailing Address

401-1ST AVE
P.O. BOX 637
HILLIARD FL 32046

401-1ST AVE
P.O. BOX 637
HILLIARD FL 32046

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1972

3a. Date of Last Report

02/23/1994

4. FEI Number

72-3832550

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANTON, BENNIE D.
RT 2 BOX 372B
HILLIARD FL 32046

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BLANTON, BENNIE D
STREET ADDRESS	RT 2 BOX 372B
CITY-ST-ZIP	HILLIARD FL 32046
TITLE	STD
NAME	ROSWAN, SARA
STREET ADDRESS	P.O. BOX 551, ROUTE 2 BOX 540
CITY-ST-ZIP	HILLIARD FL 32046
TITLE	D
NAME	HODGES, WADE H.
STREET ADDRESS	RT. 3 BOX 735 OAK ST.
CITY-ST-ZIP	HILLIARD FL 32046
TITLE	D
NAME	MCCALLISTER, DENNIS
STREET ADDRESS	CHURCH RD. RT. 3 BOX 2520
CITY-ST-ZIP	CALLAHAN FL 32011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	D Bauer, George D.
4.3 STREET ADDRESS	Rt 3 Box 960
4.4 CITY-ST-ZIP	Hilliard, FL 32046
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bennie D. Blanton

Bennie D. Blanton

JAN 16, 1995

845-2047

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone