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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 HILLARD FL 32046	401-1ST AVE P.O. BOX 637 HILLARD FL 32046-0637

3. Date Incorporated or Qualified: 07/07/1972
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 72-3832550 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Gary D. Manning
82 Street Address (P.O. Box Number is Not Acceptable): 401 First Avenue
83
84 City: Hilliard FL 85 Zip Code: 32046

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Gary D. Manning Gary D. Manning P-C 4-9-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BLANTON, BENNIE D RT 2 BOX 372B HILLIARD FL 32046	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P-C-D GARY D. MANNING 2425 WEST 2nd STREET Hilliard, FL. 32046	☑ Change ☐ Addition (New)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HODGES, LESLIE P.O. BOX 1726 N/A HILLIARD FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V-D WADE HODGES Rt 3 Box 735 OAK St. Hilliard, FL. 32046	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HODGES, WADE H. RT. 3 BOX 735 OAK ST. HILLIARD FL 32046	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T-D Terry C Johns Rt 2 4980 Hilliard FL 32046	☑ Change ☐ Addition (New)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAUER, GEORGE D RT 3 BOX 980 HILLIARD FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S-D Virginia Hodges Rt 3 Box 735 Hilliard, Fl 32046	☑ Change ☐ Addition (New)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary D. Manning Gary D. Manning 4-9-97 904-845-2047 Church 904-845-7966 Home
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000526