FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998 **DOCUMENT** #



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(3)

FILED
May 06 1998 8:00am
Secretary of State

MARANATHA MISSION, INC.						
Principal Place of Business Mailing Address				"	T LOURNY LIBERT BITCH BIRTH DIGHE SALEL ANN DIGHT BIRTH BIRT	
1153-1155 MARKET STREET 1153-1155 MARKET STREET JACKSONVILLE FL 32206 JACKSONVILLE FL 32206					3. Date Incorporated or Qualified 10/05/1978 4. FEI Number Applied For	
2. Principal Place of Business 2a. Malling Address 21					59-1955439 Not Applicable 5. Certificate of Status Desired See Required See Required	
Suite, Apt.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & Stat 23	e	City & State			7. Is this nonprofit corporation a homeowners association? Yes IV No	
Zip 24	Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes VNo	
ļ	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered Agent	
Pal Pur d	MOLLADO I					
RILEY, RICHARD J. 603 FLORIDA NATIONAL BANK BUILDING JACKSONVILLE, FL. 32202			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
			83			
			84	City	85 Zip Code	
			111	-	FL ITI	
11. Pursuant office or r	to the provisions of Sections 617.050, registered agent, or both, in the State	2 and 617.1508, Florida Statute: of Florida. Such change was at	s, the above- thorized by	named corp the corporal	coration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Flor	ida Statutes.		,,,,,,	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable (NOTE:	Registered Apen	t signature regul	red when reinstating) DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	DELETE	1,1 TITLE		☐ Change ☐ Addition	
NAME	DAVIS, CHRISTINE D.		1.2 NAME			
STREET ADDRESS	1153-1155 MARKET ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	[] DELETE	1.4 CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE	PD Syphiurs, Pauline	ביין טבנבונ	2.1 TITLE 2.2 NAME		C Change C Audition	
NAME STREET ADDRESS	146-148 W. 7TH. STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP			
TITLE	VD	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	STACY, RUBY		3.2 NAME			
STREET ADDRESS	146 W. 7TH ST.		3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP			
TITLE	C	DELETE	4.1 TITLE		Change Addition	
NAME	DARLEY, GEORGE S.		4. 2 NAME			
STREET ADDRESS	6034 W BLANK DR.		4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		T nerest	5.1 TITLE 5.2 NAME		C CHRINGE C MOUNTED	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME		_	6.2 NAME		· · ·	
STREET ADDRESS			6.3 STREET A	UDDRESS		
			6.4 CITY - ST-			

14. Thereby 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 eath; 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:

A 27 - 98 (904) 353 - 0976