


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 744495	
1. Entity Name MARANATHA MISSION, INC.	

Principal Place of Business 1153-1155 MARKET STREET JACKSONVILLE, FL 32206	Mailing Address 1153-1155 MARKET STREET JACKSONVILLE, FL 32206
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01212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1955439	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLETTE, NANCY L
1153 MARKET ST
JACKSONVILLE, FL 32206

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

0000000021333
02/19/08-80019-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, CHRISTINE D. 1153-1155 MARKET ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYPHURS, PAULINE 146-148 W. 7TH. STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILLETTE, NANCY 1153 MARKET ST JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILLETTE, TIMOTHY D 1153 MARKET ST JAX, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: Nancy L Gillette Nancy L. Gillette 2-5-08 678-983-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #