

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751054 (8)

1. Corporation Name
MARANATHA MINISTRIES, INC.



Principal Place of Business 605 N.W. 103 TERR GAINESVILLE FL 32607 US	Mailing Address 605 N.W. 103 TERR GAINESVILLE FL 32607 US
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3. Date Incorporated or Qualified 02/14/1980	Applied For
4. FEI Number 59-1981838	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1817 S.W. 78 ST.	26 1817 S.W. 78 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 GAINESVILLE FLA.	City & State 28 GAINESVILLE FLA.
Zip 24 32607	Country 25 ALACHUA
	Country 29 32607
	Country 30 ALACHUA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHENK, PERRY M.
~~605 N.W. 103 TERR~~ **1817 S.W. 78 ST.**
~~GAINESVILLE FL 32607~~ **GAINESVILLE, FLA 32607**

10. Name and Address of New Registered Agent

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSBY, RANDOLPH F	1.2 NAME	
STREET ADDRESS	605 NW 103 TERR. 1817 S.W. 78 ST.	1.3 STREET ADDRESS	1817 S.W. 78 ST.
CITY-ST-ZIP	GAINESVILLE FL 32607 GAINESVILLE, FLA 32607	1.4 CITY-ST-ZIP	GAINESVILLE, FLA. 32607
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHENK, PERRY M.	2.2 NAME	
STREET ADDRESS	605 N.W. 103 TERR 1817 S.W. 78 ST.	2.3 STREET ADDRESS	1817 S.W. 78 ST.
CITY-ST-ZIP	GAINESVILLE FL 32607 GAINESVILLE FLA. 32607	2.4 CITY-ST-ZIP	GAINESVILLE, FLA. 32607
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSBY, GLORIA R	3.2 NAME	
STREET ADDRESS	605 N.W. 103 TERR 1817 S.W. 78 St.	3.3 STREET ADDRESS	1817 S.W. 78 St.
CITY-ST-ZIP	GAINESVILLE FL 32607 GAINESVILLE, FLA 32607	3.4 CITY-ST-ZIP	GAINESVILLE, FLA 32607
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: **R. F. BUSBY** (REQUIRED) *Busby* 1/6/98 (352) 331-7297
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011165

CR2E037 (10/97)