

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # 751054****1. Entity Name**
MARANATHA MINISTRIES, INC.

Principal Place of Business	Mailing Address
1817 SW 78TH ST	1817 SW 78TH ST
GAINESVILLE FL 32607 US	GAINESVILLE FL 32607 US

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-1981838Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSHENK, PERRY M.
1817 SW 78TH STGAINESVILLE FL
32607 US**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code**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.****SIGNATURE** **01/07/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	STD <input type="checkbox"/> Delete
NAME	BUSBY, GLORIA R
STREET ADDRESS	1817 78TH ST, SW3
CITY-ST-ZIP	GAINESVILLE FL 32607
TITLE	VPD <input type="checkbox"/> Delete
NAME	SHENK, PERRY M.
STREET ADDRESS	1817 SW 78TH ST
CITY-ST-ZIP	GAINESVILLE FL 32607
TITLE	PD <input type="checkbox"/> Delete
NAME	BUSBY, RANDOLPH F
STREET ADDRESS	1817 SW 78TH ST
CITY-ST-ZIP	GAINESVILLE FL 32607
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Randolph F. Busby

P

01/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)