


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 767776

1. Entity Name
MARANATHA CHRISTIAN ASSEMBLY, INCORPORATED



Principal Place of Business
**7639 N 56TH ST
TAMPA, FL 33617**

Mailing Address
**3808 RIVER GROVE COURT
TAMPA, FL 33610**

DO NOT WRITE IN THIS SPACE



08012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2236171	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OATS, BETTY JEAN
3808 RIVER GROVE COURT
TAMPA, FL 33610**

**DO NOT WRITE
IN THIS SPACE**

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 September 8, 2004**

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

U00000163902
08/12/04 00002 014 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OATS, BETTY JEAN 3808 RIVER GROVE COURT TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMALLS, SHERYL 8012 CHANEY LANE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HILLS, DONNA 3231 CASTLEROCK CR LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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: *Betty M. Oats* *Betty M. Oats* 8/1/04 (212) 238-0922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #