

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767776

FILED
Jan 29, 2009
Secretary of State

Entity Name: MARANATHA CHRISTIAN ASSEMBLY, INCORPORATED

Current Principal Place of Business:

7639 N 56TH ST
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

3808 RIVER GROVE COURT
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: 59-2236171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OATS, BETTY M PD
3808 RIVER GROVE COURT
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OATS, BETTY M PD
Address: 3808 RIVER GROVE COURT
City-St-Zip: TAMPA, FL 33610 US

Title: D () Delete
Name: SMALLS, SHERYL D
Address: 8012 CHANEY LANE
City-St-Zip: TAMPA, FL 33617 US

Title: DST () Delete
Name: HILLS, DONNA DST
Address: 3231 CASTLEROCK CR
City-St-Zip: LAND O LAKES, FL 34639 US

Title: DST () Delete
Name: TURNER, JUDY DST
Address: 3808 RIVER GROVE COURT
City-St-Zip: TAMPA,, FL 33610 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY M. OATS

PD

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date