

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90186 015 \*\*\*\*61.25

**DOCUMENT # N01000000382**

1. Entity Name  
**MARANATHA MANOR, INC.**



Principal Place of Business  
**54 MARANATHA BLVD.  
SEBRING, FL 33870**

Mailing Address  
**54 MARANATHA BLVD.  
SEBRING, FL 33870**

40000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3704592**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**ABLES, CLIFFORD M III  
551 SOUTH COMMERCE AVE.  
SEBRING, FL 33870**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARNSEY, BRUCE	
STREET ADDRESS	21 GABRIEL STREET	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, TOM	
STREET ADDRESS	67 DANIEL RD.	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLE, HARRY	
STREET ADDRESS	19 MARANATHA BLVD.	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOUGH, EVAN	
STREET ADDRESS	19 GABRIEL STREET	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAHNKE, BILL	
STREET ADDRESS	56 MARANATHA BLVD.	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HULL, RUSSEL	
STREET ADDRESS	216 TIMOTHY RD	
CITY-ST-ZIP	SEBRING, FL 33870	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRAM, THOMAS	
STREET ADDRESS	200 MARANATHA BLVD.	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, DUANE	
STREET ADDRESS	207 TIMOTHY ROAD	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DITZEL, LEON	
STREET ADDRESS	15 GIDEON ROAD	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSON, GARY	
STREET ADDRESS	30 AMOS STREET	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLIGAN, STEVE	
STREET ADDRESS	18 DANIEL ROAD	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, ELLEN G.	
STREET ADDRESS	1400 C.R. 17A, N. #12	
CITY-ST-ZIP	AVON PARK, FL 33825	

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:** *ELLEN G. REED, TREASURER*  
*Ellen G. Reed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-07

Date

863-471-2766

Daytime Phone #

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ATTACHMENT

DOCUMENT # N01000000382

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40002297

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Chg-NP

CR2E037 (12/06)

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STREET ADDRESS 21 GABRIEL STREET  
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TITLE D ☐ Change ☒ Addition  
NAME WHIPPLE, PAUL  
STREET ADDRESS 51 GIDEON ROAD  
CITY-ST-ZIP SEBRING, FL 33870

TITLE D ☐ Delete  
NAME WILLIAMS, TOM  
STREET ADDRESS 67 DANIEL RD.  
CITY-ST-ZIP SEBRING, FL 33870

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE D ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME JAHNKE, BILL  
STREET ADDRESS 56 MARANATHA BLVD.  
CITY-ST-ZIP SEBRING, FL 33870

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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EILEEN B. REED, TREASURER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06

Date

863-471-2766

Daytime Phone #