

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-09-2002 90028 024 ****61.25

DOCUMENT # NO1000001052

1. Entity Name

MARANATHA CHRISTIAN CENTER OF POMPANO BEACH, FLO
 RIDA, INC.

Principal Place of Business

Mailing Address

2301 EAST ATLANTIC BLVD
 POMPANO BEACH FL 33062

2301 EAST ATLANTIC BLVD
 POMPANO BEACH FL 33062

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

31-1761377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORSELLO, LILY
 2301 EAST ATLANTIC BLVD
 POMPANO BEACH FL 33062

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** **Rev. Lily Corsello, Pastor** ☐ Delete
 STREET ADDRESS **2461 SE 10th Street**
 CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE **Rev. Lily Corsello, Pastor** ☐ Change ☐ Addition
 STREET ADDRESS **2461 SE 10 Street**
 CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE **D** **Antonia Corsetto,** ☐ Delete
 STREET ADDRESS **133 N. Pompano Beach Blvd #906**
 CITY-ST-ZIP **Pompano Beach, FL 33062**

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

TITLE **D** **Valerie Sprenza** ☐ Delete
 STREET ADDRESS **2461 SE 10 Street**
 CITY-ST-ZIP **Pompano Beach, FL 33062**

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

TITLE ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 STREET ADDRESS
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TITLE ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/02

(954) 784-7046

CR2E037 (9/01)