## 2003 NOT-FOR-PROFIT CORPORATION

## **FILED** May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N0100003366 1. Entity Name 05-05-2003 90160 014 \*\*\*\*61.25 MARANATHA CHRISTIAN FELLOWSHIP, INC. Principal Place of Business Mailing Address 397 69TH ST., NORTH 397 69TH ST., NORTH LARGO FL 33764 LARGO FL 33764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOTT, DORIS Street Address (P.O. Box Number is Not Acceptable) 397 69TH ST., NORTH ... LARGO FL 33764 City 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 egistered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) and the second Make Check Payable to Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete TITLE Change SCOTT, DORIS NAME NAME 397 69TH ST., NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33764 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition ARNOLD, ARDETH NAME NAME STREET ADDRESS 397 69TH ST., NORTH STREET ADDRESS CITY-ST-ZIP LARGO FL 33764\_ CITY-ST-ZIP TITLE ☐ Delete TITLE Addition TURLEY, DAVID NAME NAME STREET ADDRESS 7737 ULMERTON RD., #127 STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME MAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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 empewered

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

4-25-03