

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90077 001 ****61.25
01-30-2008 90077 002 *****8.75

DOCUMENT # N01000006253

1. Entity Name
MARANATHA BRETHREN IN CHRIST CHURCH, INC.



Principal Place of Business
**951 E 4TH AVE
HIALEAH, FL 33010**

Mailing Address
**951 E 4TH AVE
HIALEAH, FL 33010**

00000000



DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 07-2100000	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MOREJON, ANER R
951 E 4TH AVE
HIALEAH, FL 33010**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREJON, ANER R 3270 W 78TH ST HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIANES, EDUARDO G 8928 SW 150TH AVE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, MOISES 4045 W 9TH CT HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-5-08 305-883-6744
Date Daytime Phone #