

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90478 028 ****61.25

DOCUMENT # N01000007849

1. Entity Name

MARANATHA NEW DAWN MINISTRIES, INC.



Principal Place of Business

**14225 NW 8 AVE.
MIAMI FL 33167**

Mailing Address

**14430 NW 15 DR.
MIAMI FL 33167**

2. Principal Place of Business

620 NW 167 St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Country

331

33169

Zip

Country

4. FEI Number

65-1155759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOLNIER, PAUL N
7091 MOSLET STREET
HOLLYWOOD FL FL330-24**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	P	<input type="checkbox"/> Delete
NAME	SANTIAGO, ALBERTO	
STREET ADDRESS	14430 NW 15TH DRIVE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANTIAGO, ALEIDA	
STREET ADDRESS	14430 NW 15TH DRIVE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	V	<input type="checkbox"/> Delete
NAME	PEREZ, MANUEL	
STREET ADDRESS	935 NW 118TH STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUEVAS, JUAN	
STREET ADDRESS	1315 NE 220TH TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, HUMBERTO C	
STREET ADDRESS	10430 NW 19TH PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUGO, FELIX IVAN	
STREET ADDRESS	1601 NE 172ND	
CITY-ST-ZIP	MIAMI FL 33162	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(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 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:

Alberto Santiago - **Alberto Santiago**

4/20/04

305 653-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #