

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007849

**FILED**  
**May 12, 2011**  
**Secretary of State**

**Entity Name:** MARANATHA NEW DAWN MINISTRIES, INC.

**Current Principal Place of Business:**

13020 NE 8 AVENUE  
MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

14430 NW 15 DR.  
MIAMI, FL 33167 US

**New Mailing Address:**

**FEI Number:** 65-1155759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTIAGO, ALBERTO  
14430 NW 15 DRIVE  
MIAMI, FL 33167 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SANTIAGO, ALBERTO  
**Address:** 14430 NW 15TH DRIVE  
**City-St-Zip:** MIAMI, FL 33167 US

**Title:** S  
**Name:** SANTIAGO, ALEIDA  
**Address:** 14430 NW 15TH DRIVE  
**City-St-Zip:** MIAMI, FL 33167 US

**Title:** V  
**Name:** PEREZ, MANUEL  
**Address:** 935 NW 118TH STREET  
**City-St-Zip:** MIAMI, FL 33168 US

**Title:** D  
**Name:** LUGO, FELIX I  
**Address:** 1601 NE 172 STREET  
**City-St-Zip:** MIAMI, FL 33162 US

**Title:** D  
**Name:** PENA, MANUEL  
**Address:** 13020 NE 8 AVENUE  
**City-St-Zip:** MIAMI, FL 33161 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ALEIDA SANTIAGO

S

05/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date