

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91000 039 ****70.00

| | |
|----------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # N02000001355 1. Entity Name MARANATHA FAMILIA COMMUNITY DEVELOPMENT CORPORATION, INC. | |
|----------------------------------------------------------------------------------------------------------------------|--|

| | |
|-----------------------------------------------------------------------------|--------------------------------------------------------|
| Principal Place of Business 8197 14 N UNIVERSITY DR TAMARAC, FL 33321 | Mailing Address P.O. BOX 25636 TAMARAC, FL 33320 |
|-----------------------------------------------------------------------------|--------------------------------------------------------|



03252004 No Chg-NP CR2E037 (10/03)

| | |
|----------------------------------------------------------------------|---------------------------------------|
| 4. FEI Number 41-2026161 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

| |
|--------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent SOLA, PEDRO O REV 8197 14 N UNIVERSITY DR TAMARAC, FL 33321 |
|--------------------------------------------------------------------------------------------------------------------------|

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 | DP SOLA, PEDRO O 8197-14 N UNIVERSITY DR TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV ROSARIO, RUTH D 7101 MIMOSA WAY TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT MONZON, GUILLERMO 10211 NW 82 ST TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS GUILLERMONE, MARTHA 7751 SW 10 CT APT A NORTH LAUDERDALE, FL 33068 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 my address, with all other like empowered.

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

Date

Daytime Phone #

(954) 448-0952