# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 29, 2009**
**Secretary of State**

DOCUMENT# N02000001355

**Entity Name:** MARANATHA FAMILIA COMMUNITY DEVELOPMENT CORPORATION, INC.

**Current Principal Place of Business:**

7550 N. UNIVERSITY DR.
TAMARAC, FL 33321 US

**New Principal Place of Business:**

10024-26 WEST MCNAB ROAD
TAMARAC, FL 33321 US

**Current Mailing Address:**

P.O. BOX 25636
TAMARAC, FL 33320 US

**New Mailing Address:**

**FEI Number: 41-2026161** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SOLA, PEDRO O REV
7006NW 89 AVE.
TAMARAC, FL 33321 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: DP ( ) Delete
Name: MUNIZ, AIDA MRS.
Address: 6714 NW 70 CT.
City-St-Zip: TAMARAC, FL 33321 US

Title: DVP ( ) Delete
Name: ROSARIO, RUTH D MRS.
Address: 7006 NW 89 AVE
City-St-Zip: TAMARAC, FL 33321 US

Title: DV ( ) Delete
Name: MUNIZ, NEMESIO REV
Address: 6714NW 70 CT
City-St-Zip: TAMARAC, FL 33321 US

Title: DT ( ) Delete
Name: GUILLERMONE, MARTHA MRS.
Address: 7912 NW 71 AVE
City-St-Zip: TAMARAC, FL 33321 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PEDRO O. SOLA REV 03/29/2009

Electronic Signature of Signing Officer or Director — Date