FILED
Aug 01, 2003 8:00 am
Secretary of State
05-07-2003 90166 029 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000001355

1. Entity Name
MARANATHA FAMILIA COMMUNITY DEVELOPMENT CORPORATION, INC.

44005706

Principal Place of Business	Mailing Address
6901 NW 70 AVE TAMARAC, FL 33321	6901 NW 70 AVE TAMARAC, FL 33321

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8197-14 N. University dr.	P.O. Box 25636
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC FL	City & State: TAMARAC, FL
Zip: 33321 Country: USA	Zip: 33320 Country: USA

4. FEI Number 41-2026161 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIVERA, BRENDA S 10762 LA PLACIDA DR #A-1 CORAL SPRINGS, FL 33065	Name: REV. PEDRO O. SOLA' Street Address (P.O. Box Number is Not Acceptable): 8197-14 N. UNIVERSITY DR. City: TAMARAC FL Zip Code: 33321

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: REV. PEDRO O SOLA' DIRECTOR/PRESIDENT 07/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW. FEE IS $61.25 Initial / Amended UBR

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RIVERA, BRENDA S 10762 LA PLACIDA DR #A-1 CORAL SPRINGS, FL 33065	☒ Delete	DP REV. PEDRO O. SOLA' 8197-14 N. UNIVERSITY DR. TAMARAC FL. 33321	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ROSARIO, RUTH D 7101 MIMOSA WAY TAMARAC, FL 33321	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MONZON, GUILLERMO 10211 NW 82 ST TAMARAC, FL 33321	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RODRIGUEZ, WANDA 10857 NW 46TH DR CORAL SPRINGS, FL 33076	☒ Delete	DS MARTHA GUILLERMONE 7751 SW 10 CT APT. A NORTH LAUDERDALE, FL 33068	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (10/02)

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: REV. PEDRO O. SOLA 07/30/03 (954) 720-0016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/7/2003-90166-029-$70.00-$70.00

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1. Entity Name
MARANATHA FAMILIA COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business	Mailing Address
6801 NW 70 AVE TAMARAC FL 33321	6801 NW 70 AVE TAMARAC FL 33321

44005706

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8197-14 N. University Dr.	P.O. Box 25636
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC, FL	City & State: TAMARAC, FL
Zip: 33321 Country:	Zip: 33320 Country:

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIVERA, BRENDA S 10752 LA PLACIDA DR #A-1 CORAL SPRINGS FL 33065	Name: Rev. Pedro O. Sola Street Address (P.O. Box Number is Not Acceptable) 8197-14 N. University Dr. City: TAMARAC FL Zip Code: 33321

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: Rev. Pedro O. Sola Se. Pastor 05/3/03
(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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RIVERA, BRENDA S 10752 LA PLACIDA DR #A-1 CORAL SPRINGS FL 33065 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 7410 Woodmont Trail Apt. 109 Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ROSARIO, RUTH D 7101 MIMOSA WAY TAMARAC FL 33321 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MONZON, GUILLERMO 10211 NW 82 ST TAMARAC FL 33321 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RODRIGUEZ, WANDA 10857 NW 46TH DR CORAL SPRINGS FL 33076 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Zulma Sanchez 5021 Wiles Rd. #907 Coconut Creek, FL 33073 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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SIGNATURE: X SIGNATURE Rev. Pedro O. Sola 05/01/03 (954)720-0016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #