

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.			
Principal Place of Business 6901 NW 70 AVE TAMARAC, FL 33321		Mailing Address 6901 NW 70 AVE TAMARAC, FL 33321	
2. Principal Place of Business B197-14 N. University dr.		3. Mailing Address P.O. Box 25636	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State TAMARAC FL		City & State TAMARAC, FL	
Zip 33321		Zip 33320	
Country USA		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 RIVERA, BRENDA S 10762 LA PLACIDA DR #A-1 CORAL SPRINGS, FL 33065			
7. Name and Address of New Registered Agent Name REV. PEDRO O. SOLA Street Address (P.O. Box Number is Not Acceptable) B197-14 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 (NOTE: Registered Agent's signature required when registering)			
FILE NOW - FEE IS \$61.25 (MISSING ATTACHED 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIVERA, BRENDA S 10762 LA PLACIDA DR #A-1 CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REV. PEDRO O. SOLA B197-14 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	Change ☐ Addition ☒
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MONZON, GUILLERMO 10211 NW 82 ST TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RODRIGUEZ, WANDA 10867 NW 46TH DR CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARTHA GUILLERMO 7751 SW 10 CT APT. A NORTH LAUDERDALE, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☒	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
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 any changes, 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			

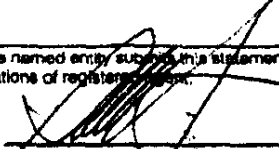
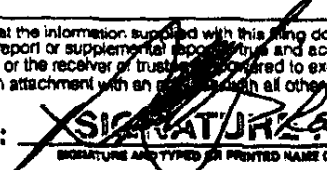
44005706

012E037 (10/02)

Attachment

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

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

DOCUMENT # NO2000001355			
1. Entity Name MARANATHA FAMILIA COMMUNITY DEVELOPMENT CORPORAT ION, INC.			
Principal Place of Business 8801 NW 70 AVE TAMARAC FL 33321		Mailing Address 8801 NW 70 AVE TAMARAC FL 33321	
2. Principal Place of Business B197-14 N. University Dr.		3. Mailing Address P.O. Box 25636	
Suite/Apt. #, etc.		Suite/Apt. #, etc.	
City & State TAMARAC, FL		City & State TAMARAC, FL	
Zip 33321		Zip 33320	
Country		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 RIVERA, BRENDA S 10752 LA PLACIDA DR #A-1 CORAL SPRINGS FL 33085		7. Name and Address of New Registered Agent Name Rev. Pedro V. Solis Street Address (P.O. Box Number is Not Acceptable) B197-14 N. University Dr. City TAMARAC FL Zip Code 33321	
8. The above named entity, subject to 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 V. Solis Sr. Pastor 05/3/03 DATE	
FILE NOW: FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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 33085 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7410 WOODMANT TRL APT. 109 TAMARAC, FL 33321 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROSARIO, RUTH D 7101 MINOSA 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 48TH DR CORAL SPRINGS FL 33078 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Zulma Sanchez 5031 W 110th St. #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
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 authorized 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 exhibit showing all other like embossed.			
SIGNATURE: 		05/01/03 (914) 720-0016 Date Daytime Phone #	

44 005706

☐ CHECK HERE IF MAKING CHANGES

CPREC037 (10/02)