


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90007 005 ****66.25

DOCUMENT # N02000008523			
1. Entity Name MARANTHA EVANGELICAL CHURCH, INC.			
Principal Place of Business 1521 SW CURTIS STREET FORT PIERCE, FL 32983		Mailing Address 481 SE STARFLOWER AVENUE PORT ST. LUCIE, FL 34983	
2. Principal Place of Business		3. Mailing Address P.O. Box 1146	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort-Pierce, Florida	
Zip	Country	Zip	Country
34954		Saint Lucie	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRENOVIL, REV. LEBERT 481 SE STARFLOWER AVENUE PORT ST. LUCIE, FL 34983		Name SAME as # 6 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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	D DIVRA, JOSEPH G 1521 SW CURTIS STREET FORT PIERCE, FL 32983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBERT, BRENOVIL 481 SE STARFLOWER AVENUE PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALCIDOR, SUDE 1521 SW CURTIS STREET FORT PIERCE, FL 32983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTHORNE, JEANETTE 5904 NW WEST CAP RD. PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAISSEMAN, CHARLES 803 #A KING ORANGE DR. FORT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEANT, CERLY 1521 SW CURTIS STREET PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.			
SIGNATURE: <u>Lebert Brenovil</u>		6-10-04 (772) 3405897	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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06042004 Chg-NP CR2E037 (10/03)

4. FEI Number
75-3100727

Applied For
Not Applicable

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