


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90214 034 ****66.25

DOCUMENT # N02000008523	
1. Entity Name MARANATHA EVANGELICAL CHURCH, INC.	

Principal Place of Business 5214 NW RUGBY DR PORT ST LUCIE FL 34983	Mailing Address 5214 NW RUGBY DR PORT ST LUCIE FL 34983
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1st MOORE CR2E037 (10/05)

2. Principal Place of Business 481 SE Starflower Ave Suite, Apt. #, etc.	3. Mailing Address 481 SE Starflower Ave. Suite, Apt. #, etc.
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City & State Port St Lucie, FL 34983	City & State Port - St Lucie, Florida
Zip 34983	Country ST. Lucie
Zip 34983	Country ST. Lucie

4. FEI Number 75-3100727	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRENOVIL, LEBERT 481 SE STARFLOWER AVENUE PORT ST. LUCIE FL 34983	7. Name and Address of New Registered Agent Name: Rev. Lebert Brenovil Street Address (P.O. Box Number is Not Acceptable): 481 SE Starflower Ave. Port St. Lucie, FL 34983 City: FL Zip Code: 34983
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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 Lebert Brenovil, Pastor 4/24/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALCIDOR, SUDE 5214 NW RUGBY DR PORT ST LUCIE FL 34983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rev. Lebert Brenovil <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAISSEMAN, CHARLES 803 #A KING ORANGE DR FORT PIERCE FL 34950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Panel Auguste <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PANEL, AUGUSTE 1109 CHIPOLA RD APT B FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ceant Cerly <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTHORNE, JEANETTE 5904 NW WEST CAP RD. PORT ST. LUCIE FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTHorne Jeanette <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CEANT, CERLY 1521 SW CURTIS ST PORT ST LUCIE FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1212 S 12th St Ft Pierce FL 34950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul René <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. Lebert Brenovil 4/24/06