


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

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90141 015 \*\*\*\*61.25

<b>DOCUMENT # N02000008523</b>					
1. Entity Name <b>MARANTHA EVANGELICAL CHURCH, INC.</b>					
Principal Place of Business <b>1521 SW CURTIS STREET FORT. PIERCE FL 32983</b>		Mailing Address <b>1521 SW CURTIS STREET FORT PIERCE FL 32983</b>			
2. Principal Place of Business		3. Mailing Address <b>1521 SW Curtis St</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Fort Pierce, FL 34983</b>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>75-310727</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>DIVERA, JOSEPH G 1521 SW CURTIS STREET FORT PIERCE FL 32983</b>				7. Name and Address of New Registered Agent Name <b>JOSEPH G. DIVERA</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <i>Joseph G. Divera</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <b>03-13-03</b>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution <input 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DIVERA, JOSEPH G</b>	NAME			
STREET ADDRESS	<b>1521 SW CURTIS STREET</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>FORT PIERCE FL 32983</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LEBERT, BRENOVIL</b>	NAME			
STREET ADDRESS	<b>481 SE STARFLOWER AVENUE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34983</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ALCIDOR, SUDE</b>	NAME			
STREET ADDRESS	<b>1521 SW CURTIS STREET</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>FORT PIERCE FL 32983</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MARTHORNE, JEANETTE</b>	NAME			
STREET ADDRESS	<b>5904 NW WEST CAP RD.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34986</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LAISSEMAN, CHARLES</b>	NAME			
STREET ADDRESS	<b>803 #A KING ORANGE DR.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>FORT PIERCE FL 34982</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CEANT, CERLY</b>	NAME			
STREET ADDRESS	<b>1521 SW CURTIS STREET</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34983</b>	CITY-ST-ZIP			
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: <i>Joseph G. Divera</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>03-13-03</b> Daytime Phone #	

CR2E037 (10/02)