FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998 DIVISION OF CORPORATIONS		NS	Secretary of State				
DOCU	MENT # N0313	1 (2)			50010	tary o	150	acc
MARA	NATHA FELLOWSHIP CHUR	CH. INC.			T.			
Principal Plac	ce of Business	Mailing Address						
1820 EAST END AVE. 1820 EAST END AVE. ORLANDO FL 32803 ORLANDO FL 32803				3.	Date incorporated or Qua	alified		
ORLANDO FE	32003	UNLANDU FL 328U3		<u> </u>	05/16/1984			
				4.	FEI Number			plied For
2. Principal R	Place of Business	2a. Mailing Address			<u>59-2446775</u>			ot Applicable
21		26		5.	Certificate of Status Desi	ed 🗆	\$8.75 / Fee Be	Additional equired
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		6.	Election Campaign Finan Trust Fund Contribution	cing	\$5.00 :	Мау Ве
City & Stal	te	City & State		7.	Is this nonprofit corporati		Added to	
23	U VOTATIONO BECADO BOOKO AND	28					☑ No	
Zip	Country	Zip	Country	8.	This corporation owes or	· -		
24	25 9. Name and Address of Curren	11	30	10.	Personal Property Tax du Name and Address of N			No
			81	Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	130	
LEWIS, ALBERT L. 82 Street A					O. Box Number is Not Ac	nantahin)		
2022 MONTANA STREET				Sileel Address (F	.O. BOX NUMBER IS NOT AC	ceptable)		
ORLAND	OO FL 32803		83					
			84	Cîty			85 Zip (Code
11 Durana	to the provide provide and Continue City OFO	0 4 047 4500 51-41- 01-41-	1 1		· · · · · · · · · · · · · · · · · · ·	<u>FL</u>	1 1 '	
office or i	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was at	thorized by the	named corporation ne corporation's b	n submits this statement to board of directors. I hereby	r the purpose of accept the appo	cnanging its ointment as	s registered registered
	im familiar with, and accept the obliga	ations of, Section 617.0503, Flor	ida Statutes.		•			
SIGNATURE	Signature, typed or printed name of registered age	nt and little if applicable. (NOTE:	Registered Agent	signature required when	reinstating)	DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO			\$ IN 12
TITLE	SD	⊠ DÉLETE	1.1 TITLE	Scce	TARY OF BOA.	L j	Change Change	Addition
NAME	CRAVENS, ED		1.2 NAME	WHIL	HARGILL DRIV	. .		
STREET ADDRESS	4531 CRANSTON PLACE		1.3 STREET AD					
CITY-ST-ZIP	ORLANDO FL	⊠ DELETE	1.4 CITY - ST - 2	IP ORLAS	Do, FL 32	306		
TITLE NAME	CADTER CONDAR IR (CND)	₩ nerese	2.1 TITLE		I		Change	Addition
STREET ADDRESS	CARTER,CONRAD, JR.(2ND) 1314 RADCLYFFE RD.		2.2 NAME	20526				
CITY-ST-ZIP	ORLANDO FL		2.3 STREET AD 2. 4 C/TY-ST-	I		43.		
TITLE	SD	DELETE	3.1 TITLE	en en			Change	Addition
NAME	COY, DR. FRANCIS		3.2 NAME				- •	
STREET ADDRESS	29055 OSCEOLA AVENUE		3.3 STREET AD	DRESS				
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-	ZIP				
TITLE	TD	⋈ delete	4.1 TITLE	TREAS	USER		Change	Addition
NAME	SUMNER, EARL		4. 2 NAME	WILKI	US, CRAIG TIMBERLAKE]			
STREET ADDRESS	3539 KRAMER LN		4.3 STREET AD	DRESS 3920	TIMBERLAKE !	ルルリンと		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-2	P ORLAL	Do F1 3280	6		

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

PACE, CURTIS L

WINTER PARK FL

3886 BUCCANEER DR

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

an 22, 1998

FILED

Feb 02 1998 8:00am

☐ Addition

Addition

Change