

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90209 035 ****61.25

0026162

DOCUMENT # NO3131

1. Entity Name

MARANATHA FELLOWSHIP CHURCH, INC.

Principal Place of Business

Mailing Address

**1820 EAST END AVE.
 ORLANDO FL 32803**

**1620 EAST END AVE.
 ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2446775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Cravens, Edward

Street Address (P.O. Box Number is Not Acceptable)

1166 Carmel Circle, Unit 430

City

Casselberry

FL

Zip Code

32707

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.

SIGNATURE

Edward Cravens

March 24, 2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SB	<input type="checkbox"/> Delete
NAME	WHITLOCK, KENNETH	
STREET ADDRESS	2716 HARGILL DR.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COY, DR. FRANCIS	
STREET ADDRESS	29055 OSCEOLA AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILKINS, CRAIG	
STREET ADDRESS	2920 TIMBERLAKE DR.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PACE, CURTIS L	
STREET ADDRESS	3886 BUCCANEER DR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CHD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cravens, Edward	
STREET ADDRESS	1166 Carmel Circle, Unit 430	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coy, Dr. Francis	
STREET ADDRESS	2905 So. Osceola Avenue	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fortner, Paul	
STREET ADDRESS	14309 Parkview Court	
CITY-ST-ZIP	Orlando, FL 32826	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Dr. Francis Coy

March 24, 2001

407-859-4884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)