
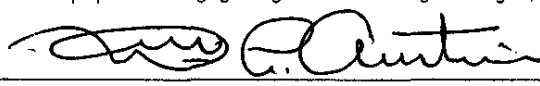



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90025 017 ****61.25

DOCUMENT # N03131 1. Entity Name MARANATHA FELLOWSHIP CHURCH, INC.					
Principal Place of Business 1820 EAST END AVE. WINTER PARK, FL 32789			Mailing Address 1820 EAST END AVE. WINTER PARK, FL 32789		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2446775	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GRAVENS, EDWARD 1166 CARMEL CIRCLE UNIT 430 CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name AUSTIN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2229 BRADFORD CT. City ORLANDO FL Zip Code 32806	
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 <u>WILLIAM AUSTIN</u>  <u>2/16/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	SB WHITLOCK, KENNETH 2716 HARGILL DR. ORLANDO, FL 32806	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COY, DR. FRANCIS 2905 S OSCEOLA AVE ORLANDO, FL 32806	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEBB, STANLEY 1519 PAULA DR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHD GRAVENS, EDWARD 1166 CARMEL CIRCLE UNIT 430 CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHD AUSTIN, WILLIAM 2229 BRADFORD CT ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YEADON, ERIC 315 ELKHORN COURT WINTER PARK, FL 32792	<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	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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: KENNETH WHITLOCK  <u>2/16/04</u> <u>407-644-5442</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					