2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009579

FILED Jan 23, 2008 Secretary of State

Entity Name: INDEPENDENT MARANATHA CHURCH/SERVICES, INC.

Current Pi	rincipal Plac	e of Business:	New Principal Plac	New Principal Place of Business:	
260 WREN WEST PAL	NA DR LM BEACH, F	L 33409			
Current Mailing Address:			New Mailing Address:		
P O BOX 6 LAKE WOF	8174 RTH, FL 334	66			
FEI Number:	14-1960393	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
260 WREN	NT, EDOUAR NA DR LM BEACH, F				
	named entity e of Florida.	submits this statement for the p	urpose of changing its registe	red office or registered agent, or both,	
SIGNATUF					
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TOUSSAINT, I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ALLEN, R P 4151 SAN MA) Delete RINO BLVD APT 101 GARDENS, FL 33407	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (WILKINSON, I 135 W 12TH RIVIERA BEA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MURPHY, JOH P O BOX 219		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (SYLVAIN, ENA 1681 AVENUE RIVIERA BEA	HIGHWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D (LOUIS, GAST) Delete DN IGTON DRIVE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDOUARD J TOUSSAINT PFD 01/23/2008