## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001289

FILED Jan 26, 2007 Secretary of State

Entity Name: MARANATHA ASSEMBLY OF GOD OF JACKSONVILLE INC.

Current Principal Place of Business: New Principal Place of Business:

6242 SOUTEL DR. JACKSONVILLE, FL 32219

Current Mailing Address: New Mailing Address:

P.O. BOX 6752 JACKSONVILLE, FL 32236

FEI Number: 59-1648940 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:

ALICEA, ELIUT I
1229 WILLOWBRANCH AVE
APT #4
JACKSONVILLE, FL 32205 US

ALICEA, ELIUT I
8854 ROSE HILL DR. N.
JACKSONVILLE, FL 32221 US

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: 01/26/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: ALICEA, ELIUT I Name: ALICEA, ELIUT I

 Address:
 1229 WILLOWBRANCH AVE #4
 Address:
 8854 ROSE HILL DR. N.

 City-St-Zip:
 JACKSONVILLE, FL 32205
 City-St-Zip:
 JACKSONVILLE, FL 32221

Title: DS ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BULLINGTON, WYNETTE
 Name:

 Address:
 16411 VILLAGE GREEN DR. NORTH
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32234
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BURCH, GERALD
 Name:

 Address:
 3145 TROUT RIVER BLVD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32208
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 KNIGHT, ALFRED
 Name:
 BYRD, BETTY

 Address:
 9104 JACKSON AVE.
 Address:
 10953 FALKLAND RD

 City-St-Zip:
 JACKSONVILLE, FL 32208
 City-St-Zip:
 JACKSONVILLE, FL 32221

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIUT ALICEA P 01/26/2007